



National Alliance on Mental Illness

nami

Virginia

VOLUNTEER PERFORMANCE EVALUATION

Performance Evaluation Process

The evaluation should take place on or very close to the volunteer's anniversary date. A month prior to the anniversary date the Program Coordinator will reach out to schedule the performance review meeting and provide the volunteer with the approved self-evaluation form to complete. At the same time, you, the program coordinator will also prepare an evaluation using the same form. The program coordinator and the volunteer should complete each form and provide to each other two weeks prior to the scheduled meeting to give each time to review and contemplate. Both documents provide the foundation for discussion at the performance review meeting. The meeting will conclude with the volunteer and program coordinator creating a final performance evaluation which each will sign and retain a copy for their records.

Purpose of Evaluation Process

Provide an opportunity for connection and reflection on the volunteer's year of service both in meeting program objective and volunteer expectations. The volunteer should be encouraged to share their concerns and feelings about the program. The coordinator should be encouraged to provide praise where appropriate and gently educate the volunteer on their quality of service based on objectives created in previous meetings and through the volunteer job description. Where appropriate, or requested, provide constructive feedback. The volunteer should be asked if they would like to continue their volunteer commitment through the next year. If yes, identify new objectives for them. If no, thank them for their services, make plans for their discontinuation of the program (e.g. training a replacement) and alert NAMI Virginia so an exit survey can be provided.

Volunteer Self-Evaluation Form

Name: _____

Date: _____

Evaluation Period: initial evaluation annual evaluation other _____

Program Leader Title: _____

Program Coordinator: _____

Rating scale: 1 - Needs Improvement 2 - Fair 3 - Good 4 - Very Good
5 – Superior N/A - Not Applicable

I. PROFESSIONALISM

- _____ Demonstrates an understanding of the NAMI VA mission and philosophy
- _____ Complies with confidentiality policies and practices including the code of conduct
- _____ Exhibits skills that reflect the NAMI Virginia's commitment to quality programs
- _____ Exhibits poise in handling difficult situations.
- _____ Exhibits a caring concerned demeanor when working with participants in their program

Comments:

II. RESPONSIBILITY

- _____ Reliable regarding schedule and time commitment.
- _____ Communicates with coordinator and state office in a timely manner
- _____ Is proactive in obtaining and managing materials for the program
- _____ Pays attention to detail when performing tasks requiring attention to detail
- _____ Exhibits flexibility (willingly accepts tasks/activity changes).

Comments:

III. EFFECTIVENESS

_____ Exhibits enthusiasm in learning and expanding their skill set to help with their current volunteer position

_____ Consistently completes and follows through on program related tasks.

_____ Seeks additional information and resources for class/support group

_____ Possesses a broad range of knowledge regarding NAMI Virginia and community resources

_____ Sort, categorize, and store/display material donations.

_____ Assists with the marketing and starting of their program (ie new class or new support group)

_____ Advocates for NAMI Virginia throughout the community and helps to lead the group participants to information on advocacy.

Comments: _____

IV. PERSONAL CONTRIBUTIONS

_____ Staff, program participants and the affiliate indicate they have benefited from the volunteer's contributions/service. (This data can be drawn from participant evaluations)

_____ Possesses a wide range of skills and experience

_____ Supports the NAMI Virginia's development through material/monetary donations and/or participation in other volunteer roles.

_____ Recruits new volunteers and/or donations.

Comments: _____

My supervisor has reviewed this performance evaluation with me and I have been provided a copy.

Volunteer Signature

Date

Supervisor Signature

Date