



VOLUNTEER EVALUATION FORM
HFT4757
COMPLETED BY SUPERVISOR

Name of student: _____

Event description: _____

Name of Supervisor: _____

Position of Supervisor: _____

Tel: _____ Email: _____

Total nr. of hours contributed: _____

Short description of volunteer work performed

Rating scale: 1 = needs improvement 4 = very good
 2 = fair 5 = superior
 3 = good N/A = not applicable

Signature of Supervisor: _____ Date: _____

Signature of Volunteer: _____ Date: _____