



FORT WORTH CHRISTIAN SCHOOL

Shaping Lives That Change The World

Volunteer Evaluation Form

Please Print (You may place this form in a sealed envelope for privacy if you prefer.)

Student Name: _____ Date: _____

Organization Name: _____

Organization Phone Number: _____

Date(s) worked: _____ (for multiple days with same organization, enter on
back but turn form in monthly)

Start: _____ am/pm End: _____ am/pm Total Time : _____

Duties performed: _____

Directions: Place a check mark in the appropriate column for each item listed below. In the scale, "Average" should indicate that the student is generally acceptable.

Area of Evaluation	Poor	Fair	Average	Good	Superior
Timeliness					
Attitude					
Work Ethic					
Cooperation					
Follows Instructions					
Overall					

Signature of Supervisor: _____

Title: _____

