

# VOLUNTEER PERFORMANCE EVALUATION

VOLUNTEER NAME \_\_\_\_\_

WORK UNIT \_\_\_\_\_

**RESPONSIBILITY A: Acts in accordance with the mission of Your Hospital and of this work unit.** Gives evidence of understanding and acting on the goals of the work unit and the mission of the Institute while on duty.

*Please check one:*

|              |                          |                |                          |                                    |                          |
|--------------|--------------------------|----------------|--------------------------|------------------------------------|--------------------------|
| SATISFACTORY | <input type="checkbox"/> | UNSATISFACTORY | <input type="checkbox"/> | EVALUATOR HAS NO KNOWLEDGE OF THIS | <input type="checkbox"/> |
|--------------|--------------------------|----------------|--------------------------|------------------------------------|--------------------------|

**RESPONSIBILITY B: Maintains a safe environment for patients, visitors and staff.** Demonstrates an understanding of and adheres to safety and infection control policies and procedures.

*Please check one:*

|              |                          |                |                          |                                    |                          |
|--------------|--------------------------|----------------|--------------------------|------------------------------------|--------------------------|
| SATISFACTORY | <input type="checkbox"/> | UNSATISFACTORY | <input type="checkbox"/> | EVALUATOR HAS NO KNOWLEDGE OF THIS | <input type="checkbox"/> |
|--------------|--------------------------|----------------|--------------------------|------------------------------------|--------------------------|

**RESPONSIBILITY C: Uses appropriate interpersonal skills.** Demonstrates respectful manner toward patients, visitors and staff. Relates to others in a manner appropriate to their age and/or special needs.

*Please check one:*

|              |                          |                |                          |                                    |                          |
|--------------|--------------------------|----------------|--------------------------|------------------------------------|--------------------------|
| SATISFACTORY | <input type="checkbox"/> | UNSATISFACTORY | <input type="checkbox"/> | EVALUATOR HAS NO KNOWLEDGE OF THIS | <input type="checkbox"/> |
|--------------|--------------------------|----------------|--------------------------|------------------------------------|--------------------------|

**RESPONSIBILITY D: Demonstrates commitment to the volunteer role.** Attends regularly, is punctual, records hours of service and adheres to other policies of the Volunteer Department.

*Please check one:*

|              |                          |                |                          |                                    |                          |
|--------------|--------------------------|----------------|--------------------------|------------------------------------|--------------------------|
| SATISFACTORY | <input type="checkbox"/> | UNSATISFACTORY | <input type="checkbox"/> | EVALUATOR HAS NO KNOWLEDGE OF THIS | <input type="checkbox"/> |
|--------------|--------------------------|----------------|--------------------------|------------------------------------|--------------------------|

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF EVALUATOR \_\_\_\_\_

DATE \_\_\_\_\_