

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
 Division of Aging and Adult Services  
 Long Term Care Ombudsman Program

**VOLUNTEER PERFORMANCE EVALUATION**

Volunteer's Name (*Last, First, M.I.*): \_\_\_\_\_

Volunteer is Working for: Agency: \_\_\_\_\_ Region: \_\_\_\_\_ Program: \_\_\_\_\_

Evaluation Period: From: \_\_\_\_\_ To: \_\_\_\_\_

RATE THE VOLUNTEER ON THE FOLLOWING	EXCELLENT	AVERAGE	POOR	COMMENTS
Dependability				
Responsible				
Ability to Handle Crisis				
Ability to Work with Others				
Confidentiality				

RATE THE VOLUNTEER ON EACH ASSIGNED TASK	EXCELLENT	AVERAGE	POOR	COMMENTS
1.				
2.				
3.				
4.				
5.				

Has the volunteer upheld the terms of his/her contract with DES? Yes No

If No, explain: \_\_\_\_\_

Recommendations for Improvement/Future Development

Do you recommend retention of the volunteer? Yes No

Supervisor's Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Agree with Evaluation Disagree with Evaluation

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_