



Home Health & Hospice Care

ANNUAL VOLUNTEER SELF EVALUATION FORM

Name _____

Date _____

Please evaluate your volunteer performance in the following areas:

Professionalism	Excellent	Good	Fair	Poor
Reliability	Excellent	Good	Fair	Poor
Volunteer Knowledge	Excellent	Good	Fair	Poor
Volunteer Performance	Excellent	Good	Fair	Poor
Handwashing Competency	Excellent	Good	Fair	Poor
Communication Skills	Excellent	Good	Fair	Poor

Please write a brief summary of your past year's volunteer service:

Please list any future goals you have for the next year of volunteering:

Signature: _____