

BC Wheelchair Basketball Volunteer Evaluation Form

At BC Wheelchair Basketball we are always looking to improve our programs and services including our volunteer program. As one of our current volunteers we would appreciate it if you could provide feedback about your experience with BCWBS. Please be as complete and honest as you can in answering the following questions. All of the information collected will be kept strictly confidential but it will be used to ensure that others who volunteer will receive the best possible service and support.

Name: _____ Position: _____

Program/Event: _____ Period of Involvement: _____

Supervisor: _____ Date: _____

Rating scale:

1 = needs improvement 2 = fair 3 = good 4 = very good 5 = superior N/A

1. Orientation and Training

- _____ The goals and purpose of BCWBS and the event/program were clearly explained
- _____ The job description and/or expectations for your position were reviewed and procedures were clearly explained
- _____ The job description and/or explanation of volunteer role you received matched the duties expected of you
- _____ Training was effective and provided the tools needed to perform assigned tasks and responsibilities

Comments:

2. Supervision

- _____ Supervisor was available to you when you had questions and provided information in a timely manner
- _____ Supervisor conducted themselves in a professional manner
- _____ The supervisor was able to assist me with any questions that I had
- _____ Lines of supervision were clear for my volunteer duties

Comments:

3. Please Respond to the Following Questions:

What did you enjoy or benefit from the most through your volunteer experience?

In your opinion, could anything have been done differently to enhance the event or program?

Is there any other information, tools or additional training that would make your work more effective and/or pleasant?

Would you like to be contacted for future BCWBS volunteer opportunities? Yes No