



## VOLUNTEER ANNUAL SELF EVALUATION

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

How long have you been an active Calvert Hospice volunteer? \_\_\_\_\_

In which area(s) do you serve as a volunteer? (Check all that apply)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Family Service | <input type="checkbox"/> Office/Administrative | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Bereavement    | <input type="checkbox"/> Speaker/Training      | <input type="checkbox"/> Special Events   |
| <input type="checkbox"/> Board Member   | <input type="checkbox"/> Bridges/Camp Phoenix  | <input type="checkbox"/> Legacy Program   |
| <input type="checkbox"/> Hospice House  | <input type="checkbox"/> Shoppe for Hospice    | <input type="checkbox"/> Other _____      |

Approximately how many assignments did you receive during the last year as a volunteer? \_\_\_\_\_

*Please write a check mark in the appropriate boxes below:*

	Definitely	Somewhat	Minimally	Not at all
The volunteer training I received adequately prepared me for my volunteer jobs.				
I've felt like an integral part of the hospice team.				
Volunteers are valued and treated with respect at Calvert Hospice.				
I've grown in my ability to confront and understand death.				
I've experienced spiritual growth as a result of my hospice experience.				
Overall, I've been satisfied with my level of involvement at Calvert Hospice.				
The hospice staff have been available to problem solve or to answer my questions.				
The hospice staff has been supportive and helpful.				
The requirements for recording my activities and mileage are reasonable.				
The continuing education programs offered by Calvert Hospice have helped.				

How would you rate the support offered by the volunteer department at Calvert Hospice?

How would you rate the impact hospice has on a patient/family's ability to cope with terminal illness or death?

Have you submitted thorough and legible documentation on time?

What has been the most positive aspect of your volunteer work?

What has been the most negative aspect of your volunteer work?

What advice or suggestions can you give to help us improve our volunteer program?

How can Calvert Hospice best utilize your talents as a volunteer? (Please be specific)

What are your goals as a hospice volunteer for the coming year?

Are there any changes in your time availability, address, etc.?

Have you provided an email address (if available) to help streamline communication?

Have you attended two in-services per year as required?

Signature of Volunteer: \_\_\_\_\_

Signature of Volunteer Coordinator: \_\_\_\_\_