

90-DayVolunteer Review

Volunteer: Phone (H)):(C):			
Start Date: Today's Date:					
Does your volunteer placement meet your					
Please rate the following:		4 excellent			1 poor
Appropriateness of training for volunteer acti		4	3	2	1
Clarity of communication from Faith in Action	n staff	4	3	2	1
Timeliness of receiving volunteer placements Comments:		4	3	2	1
Quality of volunteer activities and care receiv		4	3	2	1
Comfort level with care recipient and volunte		4	3	2	1
Overall satisfaction with Faith in Action Comments:		4	3	2	1
What else would you like to share about yo	our volunt	eer activitie	s?		