**Volunteer Performance Review**

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| --- | --- | --- | --- |
| Name of volunteer: | | Date of review: | |
| Name and title of person conducting review: | | | |
| Volunteer position: | | | |
| Time in present position | | Length of service | |
| Review period covered: | | | |
| **Areas for review and points for discussion** | | | |
|  | **Volunteer Comments**  (to be completed prior to review meeting) | | **Staff**  **comments** |
| Describe your volunteer experience during this review period. |  | |  |
| What do you like most about your role? |  | |  |
| Have you experienced any problems when performing this role? |  | |  |
| Are there any areas of training or support you think would be useful to your role? |  | |  |
| Would you be interested in or prefer doing another volunteer role within the club? |  | |  |

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| --- | --- | --- | --- | --- | --- |
| On the top line of each section below, please indicate how you rate yourself in regard to the following areas: | Needs Improvement | Fair | Good | Very Good | Not Applicable |
| *Self-rating*  Attendance  *Staff rating* |  |  |  |  |  |
|  |  |  |  |  |
| *Self-rating*  Communication  with others  *Staff rating* |  |  |  |  |  |
|  |  |  |  |  |
| *Self-rating*  Ability to  complete tasks  *Staff rating* |  |  |  |  |  |
|  |  |  |  |  |
| *Self-rating*  Following  Instructions  *Staff rating* |  |  |  |  |  |
|  |  |  |  |  |
| *Self-rating*  Compliance with  policies and procedures  *Staff rating* |  |  |  |  |  |
|  |  |  |  |  |

**Performance Review Goal/s**

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| --- | --- | --- |
| Description of Goal: | | |
| ACTION  Identify first step to achieve goal |  | |
| SUPPORT  Information or training required |  | |
| OUTCOME  Indicators that the goal has been achieved |  | |
| TIMEFRAME  Target completion date: |  | |
| Progress | No progress  Some progress  No longer relevant | Good progress  Goal achieved  Abandoned |
| Comments from club representative regarding the level of progress |  | |

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| --- | --- |
| Signature of Volunteer:  Date: | Signature of Club/Organisation representative:  Date: |