**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 |  |

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