

Norman Topping Student Aid Fund 2016-2017 Volunteer Evaluation Form

Volunteer Evaluation Form cannot be completed by a current USC student.

To be completed by Topping Scholar:

Topping Scholar's Name: _____

Name and Title of Evaluator: _____

Organization/Website: _____

Address: _____

Telephone: _____ E-mail: _____

Please briefly describe your role and responsibilities:

To be completed by Volunteer Supervisor:

1. How long did the Scholar volunteer this past academic semester with your organization?

Total number of hours: _____ Dates: _____

2. Please verify whether service hour(s) support an outreach/recruitment effort or program that promotes higher education: ☐ YES ☐ NO

Rating System: Poor (1) Average (2) Good (3) Excellent (4) Superior (5)

1. Promptness and preparation	1	2	3	4	5
2. Ability to communicate	1	2	3	4	5
3. Ability to work with others	1	2	3	4	5
4. Personal initiative	1	2	3	4	5
5. Enthusiasm	1	2	3	4	5
6. Productivity	1	2	3	4	5
7. Reliability	1	2	3	4	5
9. Overall	1	2	3	4	5

Evaluator's Signature: _____ Date: _____

For Office Use Only:

Date received: _____ Date reviewed: _____

Asst. Director Signature: _____

Comments: _____
