



# Home Health & Hospice Care

## ANNUAL VOLUNTEER SELF EVALUATION FORM

Name \_\_\_\_\_

Date \_\_\_\_\_

Please evaluate your volunteer performance in the following areas:

<b>Professionalism</b>	Excellent	Good	Fair	Poor
<b>Reliability</b>	Excellent	Good	Fair	Poor
<b>Volunteer Knowledge</b>	Excellent	Good	Fair	Poor
<b>Volunteer Performance</b>	Excellent	Good	Fair	Poor
<b>Handwashing Competency</b>	Excellent	Good	Fair	Poor
<b>Communication Skills</b>	Excellent	Good	Fair	Poor

Please write a brief summary of your past year's volunteer service:

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Please list any future goals you have for the next year of volunteering:

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Signature: \_\_\_\_\_