AAA-1204A FORFF (12-22)

## ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Aging and Adult Services Long Term Care Ombudsman Program

## **VOLUNTEER PERFORMANCE EVALUATION**

Volunteer's Name (Last, First,	M.I.):			
Volunteer is Working for: Age	ency:		Regio	n: Program:
Evaluation Period: From:		To:		
RATE THE VOLUNTEER ON THE FOLLOWING	EXCELLENT	AVERAGE	POOR	COMMENTS
Dependability				
Responsible				
Ability to Handle Crisis				
Ability to Work with Others				
Confidentiality				
RATE THE VOLUNTEER ON EACH ASSIGNED TASK	EXCELLENT	AVERAGE	POOR	COMMENTS
1.				
1. 2.				
3.				
4.				
5.				
Has the volunteer upheld the t	erms of his/her c	ontract with D	ES?	Yes No
If No, explain:				
Recommendations for Improve	ement/Future De	velopment		
Do you recommend retention		Yes	No	
Supervisor's Signature:			itle:	Date:
Agree with Evaluation	Disagree with E	valuation		
Volunteer's Signature:				Date:

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Aging and Adult Services at 602-542-4446; TTY/TDD Services 7-1-1