Volunteer Supervision Form

Name ____________________________ Date __________________

Strengths
_____________________________________________________________________________________
_____________________________________________________________________________________

Engagement
How much of an impact do you feel this program is having on the community?
_____________________________________________________________________________________
Is this meeting your needs to give back to the community?
_____________________________________________________________________________________
How well do you feel your skills are being utilized? Are there any skills that you were hoping to use at ACT and in this program that you think are not being utilized?
_____________________________________________________________________________________
_____________________________________________________________________________________

Sites
Which sites have you found to be most worth your time, and least worth your time? Do you have any suggestions for other sites we could try?
_____________________________________________________________________________________
_____________________________________________________________________________________

Opportunities for growth
Are there any questions that you have had that you haven’t felt comfortable responding to? Are there any topics that you’d like more training on? Are you interested in doing some refresher training?
_____________________________________________________________________________________
_____________________________________________________________________________________
Are there any resources that you think we could improve on? Any resources that would make your job easier, or that you wish existed?
_____________________________________________________________________________________
_____________________________________________________________________________________