

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?
