

Sample 9

YOUTH EVALUATION OF THE VOLUNTEER EXPERIENCE

Name: _____

Position Held: _____

1. What do you find *most* rewarding about your volunteer experience with St. John Ambulance? Why?

2. What do you find difficult? Why?

3. Have you been provided with a clear description of what you will be doing?

4. In your position:

- one person gave you activities to do
- more than one person gave you activities to do
- you found the activities for yourself

5. Are you provided with clear instructions?

ALWAYS	USUALLY	SELDOM	NEVER
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- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

6. Are your questions answered?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

EXCELLENT	GOOD	FAIR	POOR
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7. Did you find the orientation helpful?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

8. Do you find the on-going training helpful?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|--------------------------|--------------------------|

9. How could the orientation be improved?

10. How could the training be improved?

11. What new skills and knowledge have you gained?

12. What skills do you enjoy using?

13. What other skills, training or knowledge would be useful to you?

	ALWAYS	OFTEN	SELDOM	NEVER
14. Does your leader express their appreciation for your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your leader listen to what you have to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you believe young people make a worthwhile contribution to St. John Ambulance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Have you been learning and experiencing things that will help you in the future and/or enrich your life?
 Yes Somewhat No


18. How have these experiences benefited you?

19. How would you rate the overall quality of your volunteer experience with St. John Ambulance?
 Excellent Good Fair Poor

Note:
 For younger members where a written evaluation may not be suitable, use observation techniques as outlined in

20. What kind of recognition would you enjoy?

21. If you have other comments/suggestions you wish to share, please attach them.


Sample 10
A Meeting Plan - Evaluate: After The Meeting Checklist

THE ABOVE COULD BE USED FOR FEEDBACK AFTER A PROGRAM.