

EXIT EVALUATION (SUPERVISOR FORM)

ORGANIZATION NAME HERE

Personal information collected on this form is protected by: **ORGANIZATION NAME**

PART 1 (TO BE COMPLETED BY VOLUNTEER SUPERVISOR)

NAME OF VOLUNTEER: _____

VOLUNTEER POSITION TITLE: _____

DEPARTMENT: _____

RESIGNATION/TERMINATION DATE: _____

WHY DID THE VOLUNTEER LEAVE? RESIGNED TERMINATION

COMMENTS: _____

DID THE VOLUNTEER ACHIEVE THE PURPOSE & GOALS OF THE ASSIGNED
VOLUNTEER ROLE? YES NO

COMMENTS: _____

IF APPLICABLE, WAS ORGANIZATION PROPERTY RETURNED BY THE
VOLUNTEER? YES NO

COMMENTS: _____

WOULD YOU RECOMMEND THE VOLUNTEER FOR RE-ASSIGNMENT OR RE-
HIRE? YES NO

COMMENTS: _____

HAS THE VOLUNTEER REQUESTED A FORMAL "LETTER OF REFERENCE"?

YES NO

SUPERVISORY COMMENTS AND/OR INFORMATION RELATED TO THE
VOLUNTEER'S PLACEMENT:



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WAS THE "VOLUNTEER PLACEMENT EXIT EVALUATION" FORM GIVEN TO THE RESIGNING VOLUNTEER FOR COMPLETION?

YES **DATE:** _____

NO **REASON:** _____

VOLUNTEER SUPERVISOR SIGNATURE

DATE

**MANAGER OF VOLUNTEER RESOURCES
SIGNATURE**

DATE

