



Siskiyou Arts Council

Volunteer Evaluation Form

We need to hear your voice in order to improve your volunteering experience.
Thanks you for taking the time to fill out this form.

Name:

Address:

Phone:

E-mail:

Project you worked on:

Project coordinator:

Dates and times of your volunteering:

Did the project coordinator speak to you in a timely manner?

yes no

If no, how can we improve communications with you?

On the day of the project was the project coordinator organized?

yes no

If no, how can we improve?

Were you properly oriented in you duties by the project coordinator?

yes no

If no, how can we improve communications ?

Please give us at least one positive feedback statement:

Please give us at least one statement on how we can improve your
volunteering experience: