

Hospice of Spokane
Annual Review
VOLUNTEER EVALUATION

To: Volunteer: _____

Date sent: _____

Date returned: _____

From: Director of Volunteer Services

In an effort to enhance team communication (Volunteer, Social Worker, Nurse, and Volunteer Department Staff) and support your role as the volunteer, please complete the following evaluation of your volunteer experience during the past year.

1. On a scale of 1 – 5 (with 5 being highest)

A) Do you feel well utilized as a volunteer? 1 2 3 4 5

B) Was your work as a volunteer meaningful? 1 2 3 4 5

C) What could enhance your experience as a volunteer for Hospice?

Comments: _____

2. Did you feel you understood what your role was as a volunteer? _____

3. Did you feel appreciated and valued by the care team for the services you provided?

4. Was the required documentation a problem, either from content or timeliness?

5. Was the Volunteer Director, Nurse and Social Worker available to answer your questions and provide support in a timely manner? _____

6. Did the Primary Care Team keep you updated with information related to the status of the client, specifically any physical, social/emotional, safety or environmental changes?

7. Was enough communication maintained between you and the Primary Care Team SW?
_____ If no, please explain:

8. Please use the back of this form for any suggestions on subjects for future in-services or other comments. Thank you