

STATE OF CALIFORNIA – DEPARTMENT OF GENERAL SERVICES

**VOLUNTEER PROGRAM**

Evaluation (Rev. 12/2020)

The completion of this evaluation is to assist the Department in improving the Volunteer Program. Use the space provided to add additional comments if necessary. Please submit completed evaluation to your designated Employee Resource Liaison.

**VOLUNTEER NAME (Last, First, M.I.)**

**DIVISION**

**OFFICE**

**LENGTH OF ASSIGNMENT**

**REASON FOR LEAVING**

1. Please describe the positive aspects of your volunteer assignment:

2. Do you feel you gained valuable work experience through this volunteer assignment?      YES      NO

3. Do you feel you were appropriately placed in the Department?      YES      NO

4. Do you feel you could have contributed more to the Department?      YES      NO

5. Has your volunteer experience helped you better understand State service?      YES      NO

6. What did you like most and least about being a Volunteer?

7. Was your supervisor available when needed?      YES      NO

8. Did you receive sufficient training to complete assigned tasks?      YES      NO

9. Were your responsibilities clearly explained?      YES      NO

10. Please add any additional comments or suggestions to assist the Department in improving the Volunteer Program.

**Employee Resource Liaison:** Submit original document to the Volunteer Program Administrator within 5 working days of the volunteer leaving.