

Volunteer Driver Program Took Kit Volunteer Driver Supervision and Evaluation

Sample Volunteer Driver Evaluation Form

Volunteer feedback contributes to the development and evaluation of [ABCD]'s volunteer driver program. Please share your experience and help us serve our clients better.

Volunteer name: _____ Date: _____

E-mail address: _____ Phone: _____

1. How often do you drive for [ABCD]'s volunteer program?
 Weekly Monthly
 Biweekly Other _____
2. How many times have you driven for us?
 1-10 26-50 75-100
 11-25 50-75 100+
3. Describe your relationship with riders.
4. Describe your relationship with program staff.
5. Have you received adequate training to help you feel competent in your role?
 Yes No
6. If no, how can [ABCD] support the volunteer team to improve their competence?
7. What do you like most about being a volunteer driver?
8. What do you find the most challenging?
9. Is there support or training that we can provide for you to help with those challenges?
10. What other suggestions for change would you recommend so that we can provide better service to riders?
11. Do you have a story to share that would demonstrate to others the type of help we provide?

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12. Are you willing to share a quote as a volunteer testimonial?
13. Are you willing to share the story in a recruitment presentation? With media?
14. Do you know of any service clubs or groups that we can give a presentation to about our volunteer driving program?
15. Do you know of anyone who might be interested in being a volunteer driver?
16. Do you have any questions about the program?
17. Is there any other feedback you would like to provide?

Thank you for participating in this volunteer evaluation. This information is kept confidential, however it is compiled with feedback from other volunteers to evaluate the driving program.