

MONTHLY Volunteer Evaluation

Please submit this **Evaluation** at the **end of each month** you volunteer. Also,
please **email** your **monthly hours** to Pat Moomey,
moomey.pat@gmail.com

In order to measure our RWOP volunteer results, we need your realistic input for an accurate program assessment. THANK YOU for completing your form to evaluate **this month's** volunteer experience.

Name: _____ Date: _____

Email: _____

School: (Circle) Abia Judd Lincoln Taylor Hicks

The school staff was helpful. (Circle) Yes No

Teacher/Staff Contact Name(s): _____

Task(s): _____

Grade(s): (Circle) K 1 2 3 4 5 6 7 8 9 10 11 12 N/A

Number of Children Helped: # _____ and/or Full Class # _____

Total Month's Volunteer Hours: Please include Prep, Communication, and Travel Time. _____

Do you have a Student Success Story to share? _____

Comments: _____

Would you like to be contacted by the RWOP School Volunteer Chair, Debra McVey, (928) 778-0000, debramcvey01@gmail.com? (Circle) Yes No