

## ***END-OF-SCHOOL YEAR May Evaluation***

Please submit this **Evaluation** at the **end of the school year in May**.

Also, please **email** your **monthly hours** to Pat Moomey,  
**moomey.pat@gmail.com**.

Thank you for volunteering with the RWOP School Volunteer Program.  
Please submit the following evaluation regarding your volunteer  
experience. Your feedback is very important to us as we strive to provide  
quality experiences for all school participants. **THANK YOU!**

### **Volunteer Information:**

Name: \_\_\_\_\_

### **School Information:**

School(s): \_\_\_\_\_

Teacher/Staff Contact Name(s): \_\_\_\_\_

Tasks: \_\_\_\_\_

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

Day(s) and Time(s): \_\_\_\_\_

**May** Volunteer Hours: \_\_\_\_\_

### **Reactions to the Program:**

Please indicate to what extent you agree with the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The volunteer activity was a good match for my expectations.					
I felt successful at the conclusion of my volunteer activity.					
My experience was meaningful for the students and me.					

Being an RWOP school volunteer contributed the following outcomes for me:

	Yes	No	N/A
My sense of involvement in the community increased.			
My communication and/or presentation skills improved.			
RWOP's support role to our community was enhanced.			

Please use the space below to provide an explanation for your responses.

(Optional) \_\_\_\_\_

Please rate the quality of your volunteer experience overall.

**Poor**      1                  2                  3                  4                  5                  **Excellent**

Would you recommend the RWOP School Volunteer Program to other members?

(Circle)                  Yes                  No                  Maybe

Why or why not? \_\_\_\_\_

Will you volunteer for the RWOP School Volunteer Program again?

(Circle)                  Yes                  No                  Maybe

Why or why not? \_\_\_\_\_

Do you have any good stories or quotes from your volunteer experience you would like to share? \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

I give permission to use the above responses for marketing purposes to the RWOP School Volunteer Chair, Debra McVey, (928) 778-0000, [debramcvey01@gmail.com](mailto:debramcvey01@gmail.com). (Circle)                  Yes                  No