

## **MONTHLY Volunteer Evaluation**

Please submit this **Evaluation** at the **end of each month** you volunteer.

Also, please **email** your **monthly hours** to Judy Blake,  
**jblake@thomasfblake.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)      PreK   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: \_\_\_\_\_

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](mailto:debramcvey01@gmail.com).

(Circle)              Yes              No