

GIRL SCOUTS OF KENTUCKIANA

VOLUNTEER LEADERSHIP EVALUATION OF COUNCIL STAFF

Staff Person Reviewed:

Date:

Area:

Volunteer Role:

Volunteer Name (Optional):

In your working relationship with this staff member, how well does she/he meet the following responsibilities related to your volunteer role in Girl Scouting? On the rating scale of 1-4 (4 being the highest level of performance and 1 indicating needs improvement), please circle one and add your comments.

- | | Needs Improvement | | | Great |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. Volunteer Support:
Does the staff member provide the support you as a volunteer need from the office to fulfill your responsibilities? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 2. Working Relationship:
Does this staff member maintain a professional working relationship that helps toward the accomplishment of tasks? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 3. Follow-Up:
Does this staff member follow-up on responsibilities and promises in a timely manner? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 4. Written Communication:
When this staff member communicates in writing is it clear, concise, accurate and timely? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 5. Oral Communication:
When this staff member communicates orally, is she/he courteous and pleasant? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 6. Job Knowledge:
Does this staff member know her/his job and the technical details necessary to do it? Does she/he demonstrate knowledge of the Girl Scout program? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| 7. Problem Solving:
Does this staff member solve problems and/or help volunteers solve problems? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

8. What did the staff member do that was particularly helpful?

9. What would make your working relationship better with this staff person?

10. In the future, what might this person provide to help you in your Girl Scout job?

Please use the back page for any additional comments. This evaluation will not be shared with the staff person. Stating your name will help in effecting improvements or change. Send this form in an envelope marked "Confidential" to:

Debbie Scanish
 Girl Scouts of Kentuckiana
 P.O. Box 32335
 Louisville, KY 40232-2335
dscanish@kyanags.org

You can access this form online at
www.kyanags.org

Answer these questions if they apply:

1. Has this employee attended your service unit meeting? Never Once 2 or more

2. Has the employee attended any special event in your service unit? Never Once 2 or more

3. Has this employee ever had the occasion to talk to you at any service unit meeting event or training?

If yes, were they courteous and helpful? Yes No

4. Have you ever asked a question or had a problem that this employee helped you with? Never Once 2 or more

Were they timely, helpful and courteous? Yes No