

**Oklahoma Department of Corrections  
Volunteer Program/Activity Evaluation Form**

Name of Volunteer Program/Activity: \_\_\_\_\_

Type of Volunteer Service: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Volunteer Organization (if applicable): \_\_\_\_\_

Evaluator: \_\_\_\_\_ Job Title: \_\_\_\_\_



Has the Volunteer Program/Activity consistently kept appointments and commitments?  
Meets Standards  Exceeds Standards  Needs Improvement

Has the Volunteer Program/Activity consistently followed policy and guidelines?  
Meets Standards  Exceeds Standards  Needs Improvement

Briefly describe the positive impact or contributions the volunteer program/activity has made during this review period:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any areas for improvement and /or development for the next review period:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Overall Performance of the Volunteer Program/Activity:

Meets Standards  Exceeds Standards  Needs Improvement

\_\_\_\_\_  
Vol. Program Leader Signature / Date

\_\_\_\_\_  
Evaluator Signature / Date