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

(R 08/21)