



formerly HospiceCare of Boulder & Broomfield Counties

**COMMUNITYCARE**

Hospice | Supportive Services

# Volunteer Year-in-Review

**Volunteer Name:** \_\_\_\_\_

**Review Date:** \_\_\_\_\_

Please rate yourself in the following areas and comment as you feel appropriate.

Performance Factors	W.A.F.	O	Comments
Timely Documentation			
Adherence to Care Plans (frequency of visits)			
Maintain appropriate boundaries			
Reliability			
Responsiveness to the Volunteer Department			
Demonstrates positive relationships			

W.A.F. = Wonderful and Fabulous

O = Opportunity for Improvement

Are you satisfied with your current volunteer position? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain:

\_\_\_\_\_

What is one area you feel you could use additional support/training to improve your skills?

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

General Comments (Highlights, concerns, etc.): \_\_\_\_\_

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

**Are there any ways in which we can improve your volunteer experience? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Explain:**

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**The above information has been reviewed with a Volunteer Coordinator. Any questions or concerns pertaining to this review have been discussed. Should any additional questions or concerns arise following this meeting, I understand that I should contact the Volunteer Department for further discussion.**

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Volunteer Coordinator Signature**

\_\_\_\_\_  
**Date**