

HOST EVALUATION OF VOLUNTEER SERVICES

Dear Host Coordinator:

To ensure that the Volunteer program meets the needs of our host programs you are requested to provide an evaluation for us of our volunteer services. Please be as objective and complete as possible. The following guidelines are offered to assist you.

Name of Volunteer: _____ **Date of Volunteer Service:** _____

1. Teaching Skill:

Were the volunteer's contributions practical for your local needs? Did the volunteer interact cooperatively with faculty, residents and students? Did he/she participate in the numerous day-to-day activities of your department?

2. Experiences:

Did the volunteer have appropriate experience to support his/her teaching role?

3. Adaptability:

Did the volunteer adapt to the local infrastructure, level of resources and your pattern of medical practice (i.e., patient numbers, investigational capabilities and surgical equipment)?

4. Social Skills:

Did the volunteer act sensitively to your local social and cultural situations?

Although it is very difficult in some situations to be objective, your input is very helpful to developing our ongoing program of volunteers. Would you welcome back this volunteer to your institution?