

Volunteer:	Supervisor:	Date:
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1.	How well do you feel you are fulfilling your role?
2.	Which aspects have you found most rewarding?
3.	What areas would you like to do more/less of?
4.	Are there any areas of training that would help you fulfil your role more effectively?
5.	In regards to relationships internally and externally, have you encountered any issues?
6.	How are the facilities and the environment you volunteer in?
7.	Are you getting support from the rest of the team?
8.	AOCB

Signed (volunteer) _____ Date: _____

Signed (supervisor) _____ Date: _____

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Related Documents:

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