

## Community Volunteer Evaluation Form Volunteer Feedback Sheet

How did you learn about the Community Volunteer Program?

What was your primary role as a Community Volunteer Program?

What did you enjoy about your experiences as a volunteer?

What did you find most challenging about being a volunteer?

What have you learned about our schools?

On a scale of 1-10, please rate your experience with the Community Volunteer Program.

Negative

Neutral

Positive

1    2    3    4    5    6    7    8    9    10

On the back side, please list comments and suggestions about how our Community Volunteer Program may improve and about your overall experiences as a volunteer.

**Community Volunteer Evaluation Form  
Supervisor Feedback Form**

**Date:**

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

**Name of Supervisor:** \_\_\_\_\_

**Description of Assignment:**

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**Was the Volunteer:**

|                              | <b>Always</b> | <b>Usually</b> | <b>Sometimes</b> | <b>Never</b> |
|------------------------------|---------------|----------------|------------------|--------------|
| <b>Prompt/Reliable</b>       | _____         | _____          | _____            | _____        |
| <b>Compatible w/staff</b>    | _____         | _____          | _____            | _____        |
| <b>Compatible w/students</b> | _____         | _____          | _____            | _____        |
| <b>Enthusiastic</b>          | _____         | _____          | _____            | _____        |
| <b>Energetic/Cheerful</b>    | _____         | _____          | _____            | _____        |

**Did you find the work of the volunteer to be helpful? Please explain.**

**Do you feel the students/staff benefited from the volunteer's work?**

**Supervisor's general comments and suggestions: (Use back if necessary)**

# Community Volunteer Program Agreement

The below signed volunteer agrees to participate in the Community Volunteer Program for the 2017-2018 school year.

The volunteer agrees to abide by all program and school district rules and regulations. The school employee who will work with the volunteer agrees to have a regular schedule of activities for the volunteer and to provide appropriate supervision.

Signed:

\_\_\_\_\_                  \_\_\_\_\_  
Program Volunteer                  Date

Phone: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

\_\_\_\_\_                  \_\_\_\_\_  
School Supervisor                  Date

\_\_\_\_\_                  \_\_\_\_\_  
Building Administrator                  Date

**Copy To: Superintendent**  
**Human Resources**

The Ellsworth Community School District does not discriminate on the basis of sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.

## Community Volunteer Program Volunteer Application

Name of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Present Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

References: (Please list three personal or professional references)

| Name | Address | Position | Phone |
|------|---------|----------|-------|
|      |         |          |       |
|      |         |          |       |
|      |         |          |       |

Have you been convicted of any felony, misdemeanor or other offense, (other than traffic violations), or do you have such a charge pending? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, please attach a document that describes the facts of such conviction/charge. A criminal record does not constitute automatic bar from employment but will be considered only as it relates to the job in question.)

My signature below certifies that the above information and attachments are true and accurate to the best of my knowledge.

I understand that employment depends upon a suitable position being available and that a specific assignment can be made only after an interview with appropriate staff.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Please list your career/work experience:

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I am available (circle months that apply)

Months: September October November December January February March April May June

(Check appropriate box(s))

| Times/Days | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------|--------|---------|-----------|----------|--------|
| Morning    |        |         |           |          |        |
| Afternoon  |        |         |           |          |        |
| Evening    |        |         |           |          |        |

School(s) where I would be willing to work (check all that apply):

- Hillcrest Elementary School (Grades K-4)       Prairie View Elementary School (Grades K-4)  
 Lindgren Early Learning Center (4YK )       Ellsworth Middle School (Grades 5-8)  
 Ellsworth Senior High School (Grades 9-12)

Review the areas listed below and check those in which you can be of assistance:

Assist Student (s) with:

- Computers  
 Math  
 Reading  
 Spelling  
 Science  
 Business/Marketing  
 Family and Consumer Science  
 Keyboarding  
 Writing  
 Handwriting  
 Music  
 Art  
 Physical Education  
 Technical Education  
 Foreign Language  
 Social Studies  
 English as a Second Language

Assist with/in:

- Library  
 Reading to Students  
 Student Skill Building  
 Correcting student work  
 Preparing Bulletin Boards  
 Computer Applications  
 Sewing  
 Chaperoning  
 Sports  
 School Publications  
 Sorting Mail  
 Telephone  
 Clerical  
 Light Construction Projects  
 Landscaping Maintenance

Return To:

Ellsworth Community School District Office  
300 Hillcrest Street  
PO Box 1500 Ellsworth, WI. 54011