



Lowestoft  
Town Council

Lowestoft Town Hall

## Volunteer Review Form

Name of volunteer:

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Name of reviewer:

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Date:

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**Volunteer role** – How does the volunteer feel they have fulfilled the requirements of the role as detailed in the role description? Have they encountered any problems? Refer to any previous discussions or incidents.

**Comments:**

How do you feel the volunteer has performed? What comments – both positive and negative – about performance have others made, if relevant?

Does the volunteer have any comments about the role?

**Ways of working** – Does the volunteer feel that they are now fully part of the team? Have they fitted in with other volunteers and staff?

**Conduct** – Has the volunteer's general conduct and behaviour been consistent with LTC's standards and style? If not, what has been / can be done to remedy this?

**Attendance** – What has the volunteer's record regarding absences and daily timekeeping been like? If it has been unsatisfactory, why and what has / can been done to correct the situation? Refer to any previous discussions.

**Training** – Does the volunteer feel that he or she has been fully trained during the settling-in period? Is there any outstanding training? Are there any areas where they don't yet feel confident? What are the volunteer's future training needs and how / when will they be met? Refer to the volunteer's Training Needs Assessment from induction.

**Development** – Does the volunteer have any particular personal development needs that LTC can meet? Does the volunteer have any skills he or she feels are not utilised? Would the volunteer appreciate a Personal Development Plan?

**Feedback on volunteering** – Ask the volunteer if they have any constructive comments to make about their experience during the first six months and how volunteering for the LTC might be improved – generally, and for them.

**End the meeting by writing up any comments and agreed actions, and set a date for the next feedback session.**

Volunteer signature:

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Reviewer signature:

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