



TRAINEE EVALUATION

Department: _____

Trainee's Name: _____

The Department Coordinator/Supervisor must complete this form for each trainee within the department. Forward the form to the Executive Office with in one week after training has been completed.

Evaluate the trainees's aptitude using the following scale:

1 - Excellent 2 - Good 3 - Satisfied 4 - Dissatisfied 5 - Poor

- 1. Enjoys working in the department. _____
- 2. Demonstrates timeliness. _____
- 3. Faithfully attends all meetings and training sessions. _____
- 4. Works well with others. _____
- 5. Asks for help when needed. _____
- 6. Demonstrates skill in fulfilling responsibilities. _____
- 7. Demonstrates willingness to perform assigned responsibilities. _____
- 8. Follows established policies and procedures. _____
- 9. Submits to leadership authority. _____

How satisfied are you with the volunteer's overall performance. _____

Coordinator/Supervisor Recommendation: Approve Decline

COORDINATOR/SUPERVISOR SIGNATURE _____ DATE _____
Additional comments may be written on back. Send to Church Office for final approval.

OFFICE USE ONLY: Placement Status: Approved Declined

AUTHORIZED SIGNATURE _____ DATE _____
TRAINEE EVAL 14.0428



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