

Girl Scout Council of the Catawba Valley Area, Inc
Operational Volunteer Performance Review

NAME: _____ DATE: _____
ADDRESS: _____ CITY _____ ZIP _____
DAY PHONE: _____ EVENING PHONE: _____
SERVICE UNIT: _____ TROOP NUMBER (If applicable) _____

1. During the past year, I have served as: (check all that apply)
 Leader assistant leader troop committee member
 Other: _____

2. I have completed the required training for my position(s):
 Basic Leadership I Date: _____ Basic Leadership II Date: _____
 First Aid/CPR Date: _____ Troop Camp Certification Date: _____
 Other _____ Date: _____

3. I have seen and/or received copies of the following:

	Position Description	Yes__ No__
	Volunteer Application	Yes__ No__
	Position Agreement	Yes__ No__

4. Based on my position description, I would rate my performance:

1	2	3	4	5
Poor				Outstanding

5. I am interested in continuing in this position: Yes__ No__

6. I would like information about the following positions: _____

7. What would I do differently if I were doing this position again? _____

8. I received support and help from my supervisor in the following areas: _____

9. In the future, I would like additional help and support in the following areas: _____

10. Please answer the following:

- a. Our troop was represented at (#) _____ service unit meetings.
- b. The girls in the troop were involved in planning troop activities. Yes__ No__
- c. The girls participated in multi-cultural activities. Yes__ No__
- d. A first aider was present at troop activities. Yes__ No__
- e. When camping, a troop camp certified adult was present. Yes__ No__

Additional Comments:

- Recommended for Reappointment to Current Position/Assignment
- Recommended for Following Position/Assignment _____
- Not Recommended for Reappointment

Supervisor's Signature _____ Date _____

Volunteer's Signature _____ Date _____