

**TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER**  
**[ SCHOOL of XXXX ] - VOLUNTEER SERVICES – [ Campus ]**

**Volunteer Competency and Performance Evaluation**

Reviewer completes form, consults with volunteer to ensure volunteers' understanding & then returns form to the Volunteer Office. Call **Volunteer Manager**[xxxx@ttuhsc.edu](mailto:xxxx@ttuhsc.edu) if you have any questions. Thank you.

Volunteer name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Placement Location: \_\_\_\_\_

<b>K</b>	<b>Exceeds</b>	<b>Meets</b>	<b>Needs</b>
<b>E</b>	<b>Expectations</b>	<b>Expectations</b>	<b>Improvement</b>
<b>Y</b>	<b>E</b>	<b>M</b>	<b>N</b>