

**South Central Child Development, Inc.
Volunteer Evaluation**

Name of Volunteer: _____

Name of SCCD, Inc. Staff: _____

Date: _____ Time: _____ Location: _____

Do you feel you were made welcome as a volunteer for Head Start? _____

Are you able to volunteer in the areas of interest to you? _____

Do you feel you received the information you needed as a volunteer for the Head Start Program? _____

What do you like best as a Head Start volunteer? _____

What do you like least as a Head Start volunteer? _____

SCCD, Inc. staff evaluation of the volunteer: _____

Signature of Volunteer: _____ **Date:** _____

Signature of Staff: _____ **Date:** _____

Volunteers will be asked to complete a volunteer evaluation after volunteering for 1-month and reviewed every 3-months as necessary.