



# REFLECTING ON YOUR SERVICE

**Purpose:** This form is to be used by the volunteer and project manager or center lead to reflect on the volunteer's gifts, needs, and service experience on a disaster location.

Name: \_\_\_\_\_ Disaster Name: \_\_\_\_\_ DR#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Assignment Location: \_\_\_\_\_

**Position Served:**     Child Care Volunteer  
                               Lead Care Giver  
                               Project Manager

## THIS PORTION IS TO BE FILLED OUT BY THE VOLUNTEER

<u>Volunteer Work Requirements</u>	<u>✓ I feel good about this area</u>	<u>✓ I would like to improve in this area</u>
Follows procedures & policies	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to cope with being away from home & family	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits creativity & flexibility	<input type="checkbox"/>	<input type="checkbox"/>
Carries out assigned tasks independently	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits ability to work well under stress & adverse conditions	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Interpersonal Skills:</u></b>		
Demonstrates ability to focus on needs of children & families	<input type="checkbox"/>	<input type="checkbox"/>
Exhibits cheerfulness & sense of humor, with children & co-workers	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates respect for children & other disaster relief workers	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates ability to work well with other co-workers	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates beliefs through actions	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate well with DPM & co-workers	<input type="checkbox"/>	<input type="checkbox"/>
Behaves in a professional manner both during & after work hours	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates enthusiasm & eagerness for the opportunity to serve	<input type="checkbox"/>	<input type="checkbox"/>

**What are some of your personal strengths that have helped you, your team, the families during this experience?**

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**Goals for the next time I deploy:**

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**While serving on this response, I felt:**

**Yes**

**Wanted  
more  
support**

- properly oriented upon arrival on site
- my basic needs were adequately met
- adequate time was allotted for inspiration and debriefing
- adequate breaks were given during the work day
- adequate time was given for self-care
- supported & respected by co-workers & other relief workers
- communication was good between co-workers

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**Additional Volunteer Comments:**

**Volunteer Signature:**

**Date:**

**THIS PORTION IS TO BE FILLED OUT BY THE PROJECT MANAGER OR LEAD**

**Comments and recommendations for the volunteer or for improving the volunteer's experience:**

**Recommendation for CDS role:**

- be considered as a "LEAD" care giver
- be considered as a potential Project Manager
- be considered for the Critical Response Child Care (CRC) team
- not be assigned to another child care response until further training/counseling

**Filled out by:**

**Name/Role**

**Date**