



# CELEBRATING YOUR SERVICE

**Purpose:** This form is to be used by the **Disaster Project Manager (DPM)** or **Center Lead** to identify the level of performance achieved by a child care volunteer while serving on a disaster location.

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

<b>Position Served:</b> <input type="checkbox"/> Child Care Volunteer <input type="checkbox"/> Lead Care Giver  <input type="checkbox"/> DPM
---

<b><u>Volunteer Experience</u></b>
------------------------------------

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

**Choose up to 4**

**Areas of Strength**

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 

**Work Requirements:**

- Follows program protocols, procedures & policies
- Demonstrates ability to cope with being away from home & family
- Exhibits creativity & flexibility
- Carries out assigned tasks independently
- Exhibits ability to work well under stress & adverse conditions

**Interpersonal Skills:**

- Demonstrates ability to focus on needs of children & families
- Exhibits cheerfulness & sense of humor, with children & co-workers
- Demonstrates respect for children & other disaster relief workers
- Demonstrates ability to work well with other co-workers
- Demonstrates beliefs through actions
- Ability to communicate well with DPM & co-workers
- Behaves in a professional manner both during & after work hours
- Demonstrates enthusiasm & eagerness for the opportunity to serve

<b><u>✓Satisfactory</u></b>	<b><u>✓ Needs Improvement</u></b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Strengths**

**Recommendations for helping the volunteer improve his/her job performance:** \_\_\_\_\_

**Disaster Project Manager's Comments:** \_\_\_\_\_

**Based upon performance on this project, I recommend this volunteer:**

- continue at the same level
- be considered as a "LEAD" care giver
- be considered as a potential Disaster Project Manager
- be considered for the Critical Response Child Care (CRC) team
- not be assigned on a future child care project without further training/counseling

**Evaluated by:** \_\_\_\_\_ **Supervisor's Name/Title** \_\_\_\_\_ **Date** \_\_\_\_\_

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

	<b><u>Yes</u></b>	<b><u>No</u></b>
properly oriented upon arrival on site	<input type="checkbox"/>	<input type="checkbox"/>
my basic needs were adequately met	<input type="checkbox"/>	<input type="checkbox"/>
adequate time was allotted for devotions & debriefing	<input type="checkbox"/>	<input type="checkbox"/>
adequate breaks were given during the work day	<input type="checkbox"/>	<input type="checkbox"/>
adequate time was given for self-care	<input type="checkbox"/>	<input type="checkbox"/>
supported & respected by co-workers & other relief workers	<input type="checkbox"/>	<input type="checkbox"/>
communication was good between co-workers	<input type="checkbox"/>	<input type="checkbox"/>

**Volunteer Comments:** \_\_\_\_\_

*(A copy of this report has been given to and discussed with me.  
My signature does not necessarily mean that I agree with this evaluation.)*

**Volunteer's signature:** \_\_\_\_\_