

## APPENDIX HH – RESPONDER EVALUATION FORM – TEMPLATE

This template form can be used in its original format or modified to meet local needs for evaluating volunteer performance. Unit Administrators may keep these for their volunteer records and can share them with the State Program at [mdresponds.health@maryland.gov](mailto:mdresponds.health@maryland.gov) if desired.

## Maryland Responds Medical Reserve Corps Responder Evaluation Form

Name of Volunteer: \_\_\_\_\_

Assignment/Position: \_\_\_\_\_

Period Covered: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

| <b>Position Goals:</b> | <b>Not met</b> |   | <b>Satisfactory</b> |   | <b>Well met</b> |   |
|------------------------|----------------|---|---------------------|---|-----------------|---|
| 1. _____               | 1              | 2 | 3                   | 4 | 5               | 6 |
| 2. _____               | 1              | 2 | 3                   | 4 | 5               | 6 |
| 3. _____               | 1              | 2 | 3                   | 4 | 5               | 6 |
| 4. _____               | 1              | 2 | 3                   | 4 | 5               | 6 |

| <b>Work Relationships:</b>      | <b>Poor</b> |   | <b>Satisfactory</b> |   | <b>Excellent</b> |   |
|---------------------------------|-------------|---|---------------------|---|------------------|---|
| Relations with other volunteers | 1           | 2 | 3                   | 4 | 5                | 6 |
| Relations with staff            | 1           | 2 | 3                   | 4 | 5                | 6 |
| Relations with clients          | 1           | 2 | 3                   | 4 | 5                | 6 |
| Initiative                      | 1           | 2 | 3                   | 4 | 5                | 6 |
| Flexibility                     | 1           | 2 | 3                   | 4 | 5                | 6 |
| Meeting Commitments             | 1           | 2 | 3                   | 4 | 5                | 6 |

**Supervisor's Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date