**Volunteering Evaluation Form**

This form should be completed and hand it to the line manager after the Volunteering activity has taken place.

Name: ………………………………………………………….…….Empl. No: ………………………………….

Line Manager: ………………………………………………………………………………………………………

Directorate/Faculty: ………………………………………………………………………………………………..

**Volunteering Opportunity:**

|  |  |
| --- | --- |
| Voluntary organisation:  |  |
| Range of duties: |  |
| Address/Location of activity: |  |
| Date(s) of activity: |  |
| Do you feel that the work undertaken has enhanced your personal or professional knowledge and skills? If so in what way? |
| Do you feel that the work undertaken has benefited the University? |
| Would you recommend it for others and why? |

Signed:.......................................................................................................…Date:.......................................

Supported by line manager:-

Signed:...........................................................................................................Date:.......................................

**THE ORGINAL COPY OF THIS FORM SHOULD BE FORWARDED TO THE HUMAN RESOURCES FOR THE ADMINISTRATION PROCESS. A COPY SHOULD BE RETAINED BY THE FACULTY/DIRECTORATE.**