



VOLUNTEER APPRAISAL FORM

JANUARY 1, 2024

BUKULULA ACTION FOR CHILDREN AND YOUNG PEOPLE
P.O Box 1880 Masaka, Uganda. www.bacyp.org

VOLUNTEER ANNUAL REVIEW FORM

Please complete this form and give it to your manager at least three days prior to your review

Confidential

Volunteer's Name:
Volunteer's Role:
Start Date:
Period Covered by the review:
Supervisors' name:
Supervisors' role title:
Date of the review meeting:

PART 1 -REVIEW OF THE PAST YEAR

REVIEW OF YOUR WORK

What have been your main achievements in the past year?
Supervisors comments/action
What are the most important aims of your role
Supervisors comment /actions
How effective have you been in performing the tasks to meet these aims?
Supervisors comments/action:
Does any aspect of your work prevent you from achieving your aims or causes pressure to the extent that it affects your work?

Supervisors comments/action:
What aspects of your role do you find most rewarding?
Supervisors comments/actions
What aspects of your role do you find least rewarding?
Supervisors comment/action
Does your role description broadly describe the work you do? If not, what needs changing?
Supervisors comment/actions:

SUPPORT AND SUPERVISION

How many supervision sessions have you had in the past 12 months? Is this enough?
Please indicate on a scale 1(low) to 4(high) your opinion of the quality of supervision and support you receive: 1 2 3 4
Supervisors comment/action:
Do you get support supervision from elsewhere?

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ACYP

To what extent do you feel part of ACYP? Please indicate on a scale 1(low) to 4(high) 1 2 3 4
If this is 1-2, what would improve it?
Supervisors comments/action
Do you have a sense of achievement from your work in the past year?
Supervisors comment /actions
Do you have any frustration with the Volunteer team or ACYP either because of its aims, or the way you see it operating?
Supervisors comments/action:

PART 2- THE YEAR AHEAD (If planning to have another year at ACYP)

What are your personal work related objectives for the next 12 months?
Supervisors comments/action

What skills do you lack and/or want to improve on which would help you in your work?
Supervisors comment /actions
What skills do you have which are not currently used? How would you like to see them used?
Supervisors comments/action:

TRAINING NEEDS

What type of training would help you? Please consider coaching as well as training courses?
Supervisors comments/action

SUPPORT SUPERVISION

What could you and your line manager do differently in the coming year that would help you in your work?
Supervisors comments/action
Are there any other issues you would like to raise which have not been mentioned?
Supervisors comment /actions

Additional comments, if any, from the line manager

Volunteer's signature: _____

Date: _____

Supervisor's signature: _____

Date: _____