



# THE ODYSSEY FOUNDATION'S VOLUNTEER EVALUATION FORM

Student Name: \_\_\_\_\_ Student SS#: \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

**Information below is to be completed by Volunteer Experience Supervisor**

Name of Organization: \_\_\_\_\_

Date Student Volunteered: \_\_\_\_\_ Numbers of Hours Completed: \_\_\_\_\_

Please respond to the questions below regarding student performance on a scale of one (1) being fair and five (5) being excellent.

The student arrived on time.	1	2	3	4	5
The student was well prepared to work.	1	2	3	4	5
The student displayed teamwork.	1	2	3	4	5
The student showed initiative.	1	2	3	4	5
The student followed instructions well.	1	2	3	4	5
The student demonstrated leadership skills.	1	2	3	4	5
The student accepted criticism positively.	1	2	3	4	5
The overall presentation of the student volunteer was	1	2	3	4	5

Volunteer Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return this evaluation to the following address no later than November 19, 2007.

**Le Cordon Bleu College of Culinary Arts  
1451 Center Crossing Road  
Las Vegas, NV 89144  
Attn: The Odyssey Foundation's Scholarship Program**

**Questions:** Call Brian Silver, Director of Student Finance at 702-851-5391 or E-mail [bsilver@vegasculinary.com](mailto:bsilver@vegasculinary.com)

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