

Girl Scouts of Gateway Council
Jacksonville Service Center
1000 Shearer Street
Jacksonville, FL 32205-6055
T 904 388-4653 F 904 384-1542
800 347-2688



Girl Scouts of Gateway Council
Gainesville Service Center
810 NW 8th Street
Gainesville, FL 32601
T 352-376-3004 F 352-373-1998
866-868-6307

Girl Scouts of Gateway Council Volunteer Self-Appraisal

Name: _____

Appointed by: _____

Date of Volunteer Self-Appraisal: _____

Volunteer Position: _____ Troop #: _____

Start date of position: _____

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What accomplishments are you most proud of?

What aspects of this volunteer assignment did you enjoy?

What would you do differently if you were doing this work again?

What additional support would have been helpful?

Would you be willing to continue this assignment? Yes No

If you selected no, what other assignments would you like to do? _____

What trainings/learning did you participate in for this period?

What recognitions, if any, did you receive during this period?

Additional Comments:

Volunteer's Signature: _____ Date: _____

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This section to be completed by the appointer.

Recommended for reappointment to following position/assignment:

Not recommended for reappointment:

Supplies and records collected by:

_____ On: _____

Additional Comments:

Signature of person completing this section: _____

Date: _____

Please return completed form to the Gainesville Service Center or the Jacksonville Service Center to be placed in the volunteer file.