



Volunteer Match Evaluation

Name: _____ Jr. Sidekick _____

Last Evaluation: _____ Volunteer Hours since: _____

Summary of activities for Evaluation Period:

How are you feeling about your Sidekicks Match, your Jr. Sidekick and their family?

Have your feelings changed since your last evaluation: _____

How: _____

Why: _____

What is your perception of your Jr. Sidekicks feelings regarding the match?

Is there anything you would like to see change regarding your Sidekicks Match?

Is there any additional support the program can give you that you are not receiving?

Thank You for the time you have given to the Sidekicks Mentoring Program and to your Match!

