Volunteer Name: Date:

**Volunteer Guidance Record Form: Template**

Supervisor Name:

|  |  |
| --- | --- |
| What activities have you been involved in? |  |
| What do you feel you have achieved so far? |  |
|  | Main Points | What needs to be done? | By who? | By when? |
| Did you experience any problems or issues? |  |  |  |  |
| What other activities would you like to get involved in? |  |  |  |  |
| Do you need any help, guidance or training to support this? |  |  |  |  |
| Is there anything else you would like to talk about? |  |  |  |  |

Signed (Volunteer): Signed (Supervisor)