



**3. EFFECTIVENESS**

\_\_\_\_\_ Welcomes opportunities to learn information or procedures that will make work more effective.

\_\_\_\_\_ Follows through on assignments.

\_\_\_\_\_ Willing to ask questions when in doubt.

\_\_\_\_\_ Uncovers and communicates all pertinent facts.

Comments: \_\_\_\_\_

\_\_\_\_\_

Benefits to TIFA from this volunteer's skills, experience and knowledge are: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chapter Chair: \_\_\_\_\_ Date: \_\_\_\_\_

# TIFA CHAPTER CHAIR EVALUATION FORM

## PART B: COMPLETED BY CHAPTER CHAIR

Name: \_\_\_\_\_

Chapter: \_\_\_\_\_

Period of Evaluation: \_\_\_\_\_

Director: \_\_\_\_\_

Rating scale:            1 = needs improvement            4 = very good  
                                 2 = fair    5 = superior  
                                 3 = good    N/A = not applicable

### 1. ORIENTATION AND TRAINING

\_\_\_\_\_ The goals and purposes of TIFA were clearly explained.

\_\_\_\_\_ The job description for your position was reviewed and procedures to be followed were explained.

\_\_\_\_\_ Training was effective and provided the tools needed to perform the assigned tasks.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2. LEADERSHIP

\_\_\_\_\_ Regional Director was available to you when you had questions or needed information.

\_\_\_\_\_ Regional Director's attitude was one of professional regard.

\_\_\_\_\_ Organization structure and lines of communication are clear.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS:**

What other training or growth opportunities would you like to see offered?

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What additional "tools" would make your work more effective and/or pleasant?

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What are some suggestions or goals you would offer for TIFA?

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How could TIFA improve its volunteer - staff structure and/or relationships?

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Additional Comments:

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Signature of Chapter Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Director: \_\_\_\_\_

Date: \_\_\_\_\_