TIFA CHAPTER CHAIR EVALUATION FORM

PART A: COMPLETED BY DIRECTOR

Name: __________________________________________

Chapter: ________________________________________

Period of Evaluation: ____________________________

Director: ______________________________________

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

1. PROFESSIONALISM

_____ Understands purposes and goals of TIFA.

_____ Relates well with public.

_____ Exhibits poise in handling difficult situations.

_____ Exhibits sincere interest and enthusiasm towards TIFA members and work.

Comments:_______________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

2. RESPONSIBILITY

_____ Reliable about schedule and time commitment.

_____ Completes assignments in a timely fashion.

_____ Ensures chapter reports are submitted timely.

_____ Pays attention to detail when necessary.

_____ Willing to take on assignments.

_____ Communicates effectively with chapter members and Regional Director.

Comments:_______________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

12/3/2015
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:___________________________

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____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Additional Comments:_____________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Signature of Director:__________________________       Date:_________________________

Signature of Chapter Chair:___________________________       Date:_________________________
PART B: COMPLETED BY CHAPTER CHAIR

Name:__________________________________________________

Chapter:_____________________________________________

Period of Evaluation:______________________________

Director:___________________________________________

Rating scale:  
1 = needs improvement  
2 = fair  
3 = good  
4 = very good  
5 = superior  
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?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

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

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Additional Comments:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature of Chapter Chair: ________________________________  Date: ______________

Signature of Director: ________________________________  Date: ______________