SAN JOSÉ STATE UNIVERSITY DEPARTMENT OF ART & ART HISTORY

Evaluation Form for Volunteer or Work Experience

APPLICANT:

Please fill in your name and address and deliver this form to a Art Department faculty or staff member who has supervised you in a class, work, or volunteer experience.

Name:						
Last	First			Midd	lle	
Address:						
Street	City	_	Sta	te		Zip
Phone:		Email address:				
realize this is a confidentia	al letter of recommendation:					
Signature:						
EVALUATOR:						
lease rate the applicant nar	ned above on each of the followin	g characteristics. F	ill out el	ectronicall	v or comp	letely
	reflects your judgment about the		• •-• •-		у от от г	
		Outstanding	Very	Average	Below	Have Not
			Good		Average	observed
. D						
. Demonstrates concern fo	or otners					
) Domonstrates annuonvia	to godial skills					
2. Demonstrates appropria	te social skills					
3. Assumes responsibility a	s appropriate					
4. Works with and under the	he direction of others					
5. Dependable and reliable				一一		
5. Dependable and renable			\overline{H}		$\overline{\Box}$	- - - - - - - - - - - - - -
6. Able to effectively manag	ge stress		<u>Ш</u>		_ <u></u>	<u> </u>
7. Dresses appropriately fo	or the site					
B. Communication skills						
					$\overline{}$	一一
9. Demonstrates problem s	olving ability	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
10. Displays appropriate se	lf-confidence					
11. Is adaptable, flexible ar	nd open to new ideas					
12. Demonstrates sufficient						

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Compa have w	ARY RECOMMENDATION: ared to other volunteers you worked with/recommended,	recommendat	mend Jualified to make a tion			 					
Number of hours applicant was supervised by evaluator:											
1) Ple	ase comment on both the volunte	er's major area	s of strength and su	iggested areas	s to develop (optional)					
Signed	,		Print Name:								
Title:			Date:								
Facility	:				Phone No.						

Please Attached Completed Form to the University Personnel VOLUNTEER REQUEST FORM