



## BENEFICIARY INSTITUTION FEEDBACK FORM

Name of Beneficiary Institution: \_\_\_\_\_

Name of Volunteer supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

1- Name of NVP assigned volunteer: \_\_\_\_\_

2- The position title NVP volunteer worked for: \_\_\_\_\_

3- Volunteer term started from (date): \_\_\_\_\_

4- Have the NVP volunteer completed his/her term of minimum 24 hours within 8 weeks?

Yes

No

5- How many days / hours approx have been served by NVP volunteer?

No. of days \_\_\_\_\_ No. of hours per day \_\_\_\_\_

6- How would you rate the working performance of NVP volunteer? (5 being the best)

1

2

3

4

5

7- Any additional comments or suggestion: \_\_\_\_\_

\_\_\_\_\_  
Name of person filling form

\_\_\_\_\_  
Designation

\_\_\_\_\_  
Signature

**For office use only:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Verified by

\_\_\_\_\_  
Authorized by