

**(Your County) ARES/RACES
Emergent Volunteer Evaluation Form**

This form is to be completed by the Emergent Volunteer Immediate Supervisor

1. Personal Evaluation & Data	
Name (Last, First, Middle):	
Callsign:	
Appearance:	Neat & Clean – Yes <input type="checkbox"/> No <input type="checkbox"/> Personal Hygiene - Yes <input type="checkbox"/> No <input type="checkbox"/>
Works Well With Others:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Listened To Critique:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asked Question In Order To Learn:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Follows Instructions/Directions:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Team Player:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Works Without Being Told:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has Proper 72-hour KIT:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has Required Radio Equipment:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical or Physical Issues:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommended For Future Assignments:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home County:	
Dates Worked:	From: _____ To: _____
2. Equipment Knowledge	
Can Work Radio Equipment Properly:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Knows Proper Radio Procedure:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can Fill Out ICS-213:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Modes of Operation Capability:	Packet <input type="checkbox"/> D-STAR <input type="checkbox"/> Pactor <input type="checkbox"/> SSTV <input type="checkbox"/> HF <input type="checkbox"/> Other
Computer Knowledge & Capability:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Qualified Trouble-Shooter:	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Training Completed	
ICS Courses (check all that apply):	700 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> PIO <input type="checkbox"/>
ARRL Courses (check all that apply):	EC-01 <input type="checkbox"/> EC-02 <input type="checkbox"/> EC-03 <input type="checkbox"/>
Other Related Courses Completed:	First Aid - Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Reviewed / Approved By:	Team Leader <input type="checkbox"/> EC <input type="checkbox"/> Training <input type="checkbox"/> Admin <input type="checkbox"/> ICS Staff <input type="checkbox"/>

Signature of Approving EC/AEC _____