

# Step 9: Supervision and Evaluation



## ANNUAL SELF-REVIEW FOR PARISH MINISTERS

Volunteer Name	
Ministry Position Title	
Date you began in this ministry	
Ministry Leader/Coordinator Name	

Thank you for completing this Self-Review. Please answer the following questions as honestly and clearly as possible.

What benefits have you seen or experienced being a part of this ministry?

Do you have concerns about continuing in this ministry with related to:

The time commitment      Yes   No

The participants involved      Yes   No

The workload required      Yes   No

The supervision provided      Yes   No

Please share any concerns:

What suggestions do you have for improving your work in this ministry?

Leader's Comments:

Volunteer's Signature \_\_\_\_\_

Leader's Signature \_\_\_\_\_

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

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