

Richard J. O'Neal
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COMMUNITY VOLUNTEER SERVICE LOG FORM

TODAY'S DATE _____

STUDENT NAME _____

VOLUNTEER ORGANIZATION

NAME _____

ADDRESS _____

CONTACT PERSON'S NAME _____

PHONE NUMBER _____

SERVICE PROJECT DATE (S) _____

PROJECT DESCRIPTION _____

TOTAL NUMBER OF HOURS VOLUNTEERED: _____

SUPERVISOR'S SIGNATURE _____

STUDENT'S SIGNATURE _____

PLEASE NOTE:

THIS FORM MUST BE TURNED IN WITHIN ONE WEEK OF SERVICE IN
ORDER TO RECEIVE CREDIT.

RETURN TO: MRS. O'NEAL

WORKSHEET TO AGENCY EVALUATION

If you need an agency evaluation for service-learning or classroom credit, ask your supervisor to complete the Agency Evaluation of Student Service form below.

Agency Evaluation of Student Service

The following is my rating of this student's service, using a scale of 1-5, with 1 being highest:

Attendance/punctuality _____ Willingness to learn _____ Commitment to project _____

Awareness of the needs of others _____ Cooperation _____ Initiative _____ /

Impact on the student _____ Impact on the community _____ Overall rating _____ /

Additional comments _____

Contact name _____ E-mail _____

Phone (_____) _____

Contact signature _____ Date _____