

ST. DOMINIC HIGH SCHOOL
COMMUNITY CHRISTIAN SERVICE PROJECT

Please fill out front and back thoroughly.

Class of _____

Student's Name _____ Grade Level: SR

Agency/Place of Service _____

Date(s) of Service _____ Total Contact Hours _____

Service hours to be recorded should be direct contact or training hours. Time spent on travel, sleep or recreation should not be counted.

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1. Briefly describe what you did and explain why it is Christian Community Service.

2. In what ways did you help others? How were others affected by your service?

3. In what ways was this activity meaningful to you?

Student's Signature _____

Parent's Signature _____

.....

SCHOOL USE ONLY:

Date verified _____

Hours earned _____
CM Signature _____

Supervisor Evaluation:

Please evaluate the student volunteer in the areas listed below, using the following rating scale:

5 – SUPERIOR

4 – ABOVE AVERAGE

3 – AVERAGE

2 – BELOW AVERAGE

1 – POOR

_____ Ability to work with the supervisors and staff

_____ Ability to work with other people

_____ Attendance and promptness

_____ Initiative and independence

_____ Overall effectiveness

Other comments:

Supervisor's Signature _____

Date signed _____

Please Print Name _____

Phone Number _____ (to verify hours)

Parent can only sign if he or she was the supervisor in charge of the service program.

This form needs to be legible in order to be verified.