

INDEPENDENT COMMUNITY SERVICE PROJECT EVALUATION

Student Name: _____

Advisor Name: _____

Organization Name: _____

Organization Address: _____

Supervisor Name: _____

Supervisor Email: _____

I verify that _____ (student's name) volunteered at our organization
from _____ (start date) to _____ (end date), for a total of
_____ hour(s), with his/her main responsibilities being _____

_____.

Supervisor signature

Date

Community service advisor signature

Date