Community Service Hours

Student Name _____

Type of Community Service _____

Starting Date _____ Ending Date _____Hours Completed _____

Experiences that one is paid for do not count. Involvement in sports (except sports medicine) does not count as community service. Any hours over 10 need to be accompanied by a time sheet or a log of specific hours.

Self Evaluation:

1. Summarize what you did in this activity and how you interacted with others.

2. What did you actually learn about yourself and others through this activity?

3. How did this activity benefit others?

4. What might you do differently next time to improve?

5. How can you apply what you have learned in other life situations?

ACTIVITY LEADER'S EVALUATION

Having read the candidate's self evaluation overleaf, please comment on the back on his/her performance in the activity with reference to the following criteria.

- Evidence of initiative, planning and organization
- The amount of effort and commitment to the activity
- Personal achievement and development, taking into account the student's skills and attitude at the start of the activity.
- Attendance, punctuality and the time spent on the activity

Supervisor's Signature: _____ Position:_____
Phone Number: _____