

## COMMUNITY SERVICE VOLUNTEER RECORD & EVALUATION FORM 2019 – 2020

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Parent Name \_\_\_\_\_ Date \_\_\_\_\_

DATE of SERVICE	TASK PERFORMED Briefly explain your task. <i>(Examples: landscaping; trash pick-up; food prep)</i>	1) ORGANIZATION/AGENCY - Include Phone # 2) SUPERVISING ADULT NAME/SIGNATURE	EVALUATION & REFLECTION - 1) Describe how your task/job was of service to the community and, 2) Explain what you learned from your service experience. <i>(Attach extra notebook paper if necessary.)</i>	TOTAL HRS <i>(Round up or down to nearest quarter hr.)</i>
		1) _____ _____ 2) _____ _____	1) _____ _____ 2) _____ _____	
		1) _____ _____ 2) _____ _____	1) _____ _____ 2) _____ _____	
		1) _____ _____ 2) _____ _____	1) _____ _____ 2) _____ _____	
		1) _____ _____ 2) _____ _____	1) _____ _____ 2) _____ _____	

Total Hours (this page): \_\_\_\_\_

**Student:** I verify that this service record is a true and accurate reflection of my approved, unpaid volunteer community service hours. Student Signature \_\_\_\_\_

**Parent:** I attest that the above named student has performed the listed hours of Volunteer Community Service. Parent Signature \_\_\_\_\_

First Christian Academy ♦ 24530 NW 199<sup>th</sup> Lane ♦ High Springs, FL 32643 ♦ Phone 386-454-1641 ♦ Fax 386-454-9727

Contact Student Services Director with questions or pre-approval: [tstone@fbchighsprings.org](mailto:tstone@fbchighsprings.org) ♦ Mrs. Theresa Stone, Student Services Director (initial/date): \_\_\_\_\_