

COMMUNITY SERVICE VOLUNTEER RECORD & EVALUATION FORM 2020-2021

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. 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 _____

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Contact Angie Phillips with questions or pre-approval: aphillips@fbchighsprings.org ♦ Mrs. Angie Phillips (signature/date): _____