

VIKING VOLUNTEER SERVICE HOURS DOCUMENTATION AND EVALUATION FORM

Please fill out this form, obtain the necessary signatures, and submit it to the Guidance Office if the community service activity is on the approved list or has been approved by the Guidance Office.

Approval is needed if desired community service is not listed on the BroadwaterAcademy Approved Community Service master list.

Approved by Guidance Office: _____ Date: _____

(THIS SECTION MUST BE COMPLETELY FILLED OUT BY THE AGENCY/ORGANIZATION SUPERVISOR.)

Student Name: _____ Present Grade: _____ Date of Service: _____

Name of Agency/Organization: _____

Supervisor: _____ Supervisor's Phone Number: _____

Supervisor's Email Address: _____ Hours of Service Provided by Student: _____

Description of Duties: _____

Student was:	1 Poor	2 Fair	3 Good	4 Excellent	Comments
1. Cooperative					
2. Committed					
3. Responsible					
4. Positive attitude toward work					
5. Responsive to direction and details					
6. Ability to adapt and create when necessary					

Our organization is interested in having students from Broadwater Academy volunteer in the future:

Yes _____ If yes, best time of year: _____ No _____

Signatures

Student: _____ Parent: _____

Agency/Organization Supervisor: _____

Guidance Office: _____

Thank you for your support of our Viking Volunteer Program. Please complete and return this form by giving to student or by faxing to the Guidance Office.