

**Lutheran High School Community Service Project**

Please fill out the following form:

Name \_\_\_\_\_

Grade Level: FR SO JR SR

Agency/Place of Service \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

Date(s) of Service \_\_\_\_\_ Total Hours \_\_\_\_\_

Service Hours to be recorded do not include training or transportation hours.

1. Briefly describe your service and how you supported the agency.
2. Briefly describe your growth, development, and education while accumulating your service hours.

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisors Evaluation**

Please evaluate the student volunteer in the areas listed below, using the following scale:

- 5-Superior
- 4-Above Average
- 3-Average
- 2-Below Average
- 1-Inadequate

\_\_ Ability to work within the context of the agency

\_\_ Ability to work with others

\_\_ Initiative and independence

\_\_ Overall Effectiveness

Other Comments:

Supervisors Name \_\_\_\_\_

Supervisors Signature \_\_\_\_\_ Date \_\_\_\_\_