

The Geneva School Community Service Hours – Student Report

This form must be completed by the student and turned in to the front desk in order to record service performed.

Student's Name: _____ Grade Level: _____

Total Number of Community Service Hours Performed:

Please note that multiple occurrences of the same service to one organization may be recorded on one form.

Date(s) Service Performed:

Name of Organization:

Give a brief description of the service performed:

This section should be completed by the person overseeing the service performed

Person overseeing service performed:

Position Held: _____

Signature: _____

Date: _____

Student met general requirements of volunteer activity	Yes	No
Students listened and followed supervisor's instructions	Yes	No
Student's attitude was respectful and Christ-like	Yes	No
The student made a positive contribution to the volunteer effort	Yes	No

If you answered 'No" to any of the above, please comment: