

Dominion High School Community Service Record

Student Name: _____

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Student ID#: _____

Grade: 9 10 11 12 (Circle current grade)

DATE OF SERVICE	HOURS OF SERVICE	TYPE OF SERVICE PROVIDED	LOCATION / GROUP SERVICE PROVIDED FOR	SUPERVISOR / SPONSOR SIGNATURE

FOR ACTIVITIES USE ONLY

Date Received: _____ Total # of Hours: _____
Date Entered: _____ By: _____

VOLUNTEER EVALUATION FORM

(COMPLETED BY SUPERVISOR / SPONSOR)

Organization: _____
Name: _____ Position / Title: _____
Volunteers Name: _____ Total # of hours worked: _____

Duties Performed: _____

Directions: Check all that apply!

1. PROFESSIONALISM

- _____ Understands purposes and goals of the organization
- _____ Relates well with public
- _____ Exhibits poise-in handling difficult situations
- _____ Exhibits sincere interest and enthusiasm towards clients and work

Comments: _____

2. RESPONSIBILITY

- _____ Reliable about schedule and time commitment
- _____ Completes assignments in a timely fashion
- _____ Pays attention to detail when necessary
- _____ Willing to take on assignments

Comments: _____

3. **EFFECTIVENESS**

_____ Welcomes opportunities to learn information or procedures that will make work more effective

_____ Follows through on assignments or tasks given

_____ Willing to ask questions when in doubt

_____ Uncovers and communicates all pertinent facts

Comments: _____

What are some benefits to working with this volunteer?

What are some benefits to program from this volunteer's specific skills, experience and knowledge are?

Additional Comments:

Signature of Sponsor / Supervisor: _____ Date: _____