

Capstone
COMMUNITY SERVICE

Participate in at least 30 hours of community service
(or work experience).



Name: _____ Grade: _____

Today's date: _____

Date of volunteering: Start: _____ Finish: _____

Total number of hours completed: _____ hours.

1. Describe the community/school activity in which you have participated.

Name & phone number of Supervisor, Facilitator, Teacher, Sponsor, or Employer responsible for the service event or activity.

2. Describe your duties in the community/school service activity.

3. Identify the benefits that someone directly receives as a result of the service activity.

4. What impact does this service have on the community/school as a whole?

5. Provide documentation of the community service activity in which you participated. (You may choose to use the **evaluation form on the back of this sheet**, a log book, certificate, or reference letter signed by a supervisor or agency/organization in charge).

Graduation Transitions Teacher Use Only:

Hours assigned to WEX Program: _____

Service Award Hours: _____

X _____
(Signature of Career Coordinator)

X _____
(Date)

Nechako Valley Secondary School

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Telephone: (250) 567-2291

Fax: (250) 567-2123

Volunteer Student Evaluation Form

To be completed by the student:

Volunteer Event: _____ Date: _____
(month/day(s)/year)

Volunteer Position(s): _____ Total Hours: _____

Supervisor(s): _____ Phone number: _____

Evaluated by: _____ Phone number: _____
(If different than supervisor)

Student signature: _____

To be completed by the supervisor/sponsor:

Assessment of the student. Please check the appropriate box.

	Outstanding	Very Good	Satisfactory	Needs improvement	Unsatisfactory
Attitude:					
Cooperation					
Respectful					
Enthusiastic					
Responsibility:					
Punctual					
Duties Fulfilled					
Interpersonal Relations with:					
Clients/public					
Other staff					
Other Volunteers					
Appearance:					
Appropriate					

Other comments: _____

Evaluator's Signature: _____

Date: _____