



The Geneva School

Community Service Hours – Student Report

This form must be turned in to the Registrar's Office in order to record service performed

This section should be completed by the student

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:

Other comments: