

**St. Dominic High School Christian Service Program**  
**Freshman, Sophomore and Junior and extra Senior hours Service Log**

Print Student's Name \_\_\_\_\_

Class of \_\_\_\_\_

Circle Grade: 9 10 11 12

Place of Service	Date	Hours Worked
<b>Briefly Describe the service that you performed. (Who did you serve, what did you do ... ) Need 4-5 sentences minimum to explain who and what you did with your service.</b>		

I hereby affirm by my signature that my son or daughter has completed the above service activities. This was non-compensated service and done for a non-profit organization.

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

Please get agency signature on the opposite side.

There are different forms for A+ Hours and Christian Service Hours. Please ensure you are filling out the correct form.

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Supervisor Evaluation:

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

- 5 – SUPERIOR
- 4 – ABOVE AVERAGE
- 3 – AVERAGE
- 2 – BELOW AVERAGE
- 1 – POOR

- \_\_\_\_\_ Ability to work with the supervisors and staff
- \_\_\_\_\_ Ability to work with other people
- \_\_\_\_\_ Attendance and promptness
- \_\_\_\_\_ Initiative and independence
- \_\_\_\_\_ Overall effectiveness

Other comments:

Supervisor's Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Phone Number \_\_\_\_\_ (to verify hours) email address(to verify hours) \_\_\_\_\_

**Parent can only sign if he or she was the supervisor in charge of the service program**

**This form needs to be legible in order to be verified**

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