

Service hours only _____
A + Hours Only _____
Both Service and A+ Hours _____

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
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.		

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.

Update 052118

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