STUCO COMMUNITY SERVICE HOURS

Please accompany your final report to this form.

When did you do this service work? (Example: July 20, 1973 8:30 – 12:30 4 hours)

Date: ____________________ Times: ____________________ Hours: ____________________

Where did the service work take place? Include the name and address of the non-profit organization. Please print all information.

NAME  ADDRESS
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

Print the name and telephone number of the person who supervised your work.

NAME  PHONE NUMBER  SIGNATURE
1. ____________________________________________________________
2. ____________________________________________________________
3. ____________________________________________________________

Supervisor: Please rate the student’s work. Circle one.

1. Poor  Fair  Satisfactory  Excellent
2. Poor  Fair  Satisfactory  Excellent
3. Poor  Fair  Satisfactory  Excellent