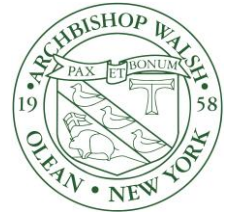




SOUTHERN TIER CATHOLIC SCHOOL ARCHBISHOP WALSH ACADEMY

208 North 24th Street Olean, New York 14760 Phone (716) 372-8122 Fax (716) 372-6707



Community Service Participation Form

Student Name: _____ Grade: _____ Date: _____

Organization or Agency: _____ Phone# _____

Name of organization leader: _____

Address of agency: _____

Please describe the specific duties the student volunteer completed: _____

The following "Citizen Skills" are valued lessons the school hopes the student obtained from the community service experience. Please circle the appropriate lesson(s), which you feel the student had the opportunity to experience.

Understanding Public Policy

Social Interacting

Recognizing the Importance of Community Involvement

Decision Making / Problem Solving

Students please reflect on your experience: How did your service affect others? How did your experience affect you?

Time(s) Volunteered:

Date: _____

Daily Hours: _____

Total Hours: _____

Check one: ___ In-school ___ Out of school

Please answer the following questions about the student volunteer:

- | | | |
|---------------------------------------|-----|----|
| 1. Was the volunteer cooperative? | Yes | No |
| 2. Was the volunteer reliable? | Yes | No |
| 3. Was the volunteer polite? | Yes | No |
| 4. Was the volunteer willing to work? | Yes | No |
| 5. Was the volunteer helpful? | Yes | No |

If "no" was answered to any of the questions on the left, please explain your answer:

Would you recommend this student for further volunteer experiences? Yes No

Signature: (person who witnessed the student's involvement): _____

Title / Position: _____ Date: _____

