



COMMUNITY SERVICE AGENCY INFORMATION AND TIME SHEET

SUBMIT TO YOUR GUIDANCE OFFICE WHEN COMPLETE.
PLEASE KEEP A COPY FOR YOUR RECORDS.

Student Name: _____ **ID:** _____ **LHS / FHS**

email Address: _____ **Grade:** ____ **Year of Graduation:** ____

Agency listed on the BASD Website? Yes / No **If 'No' have you submitted a Request to Volunteer? Yes / No**
If you have not answered 'yes' to one of the above questions, do not continue without submitting a Request to Volunteer or choosing an agency listed on our website.

Following Section to be completed by Agency Personnel

Name of Agency : _____ **Phone No.** _____

Supervisor: _____ **email:** _____

Service Start Date: ___/___/___ **Service End Date:** ___/___/___

Date of Service	Hours	Date of Service	Hours	Date of Service	Hours
1.		8.		15.	
2.		9.		16.	
3.		10.		17.	
4.		11.		18.	
5.		12.		19.	
6.		13.		20.	
7.		14.		21.	

Total Hours: _____

Verified by: _____
(signature of supervisor and date)

I agree that all information on this sheet is accurate to the best of my knowledge

(signature of student)

(date)

I have reviewed the information available to me, have had the opportunity to seek out any additional information about this agency if desired, and verify that this time sheet is accurate to the best of my knowledge

(signature of parent/guardian)

(date)



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Please complete the following questions for each volunteer experience:

What did your role as a volunteer include?

What is a strength or weakness you learned about yourself through this experience? (a new skill, interest, etc.)

What did you learn about this agency and what they do for the community?

How did your specific service job help the organization? What were they able to accomplish with your help?

What would you tell a friend about volunteering at this agency?

What did you learn from this experience that can relate to your college or career goals?

Signature of Guidance Counselor: _____ Date: _____