



SAINT BERNARD SCHOOL

CAMPUS MINISTRY

Mrs. Suzanne Haulotte
Campus Minister
860-848-1271, ext. 148
shaulotte@saint-bernard.com

COMMUNITY SERVICE FORM

<https://saintbernardschool.org/community-service>

Student Name: _____ **Grade:** _____

1. To receive credit for community service, the student is responsible for filling out this form **completely** and **returning** it to the Campus Minister.
2. To maintain timely and complete records, students are strongly encouraged to submit Community Service Forms promptly after completing the service.
3. If the student has questions regarding the acceptability of the service, it is suggested that he/she see Mrs. Haulotte for pre-approval before beginning any service.

Sponsoring agency or organization, or individual if no agency or organization is involved.

SERVICE SUPERVISOR INFORMATION

Name: _____ **Telephone:** _____

Organization: _____

Position: _____ **Email:** _____

Signature: _____ **Date:** _____

Date(s) and times of service: _____

Description of activities performed: _____

How did your efforts help or benefit others?

PLEASE EVALUATE YOUR EXPERIENCE.

What insights did you gain from this experience?

SUPERVISOR EVALUATION

_____ has satisfactorily completed _____ hours of community service.
Student Name

Would you like students to continue to serve you in this organization?

_____ Yes

_____ No (If no, please explain.) _____

Please comment on the individual student's performance on this service:

Agency or Organization: _____

Address: _____

Supervisor's Acknowledgment (please initial): _____



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COMMUNITY SERVICE VOLUNTEER LOG

Student Name: _____ Grade: _____
 Project Site: _____ Total Hours: _____
 Beginning Date: _____ Ending Date: _____

Date	Time In	Time Out	What Did You Do?	Hours Logged For This Date
TOAL HOURS LOGGED:				

Supervisor's Name: _____
 Agency: _____ Telephone #: _____

Please attach this log sheet to a completed Community Service form and return to Mrs. Haulotte.