

COMMUNITY SERVICE VOLUNTEER FORM

You, as a student, must fill out this form before giving it to your supervisor. Once your supervisor has signed the form, **scan it** (or take a clear picture of it with your phone) and **submit it to the Community Service Drop Box in your Online Health Course.**

Name: _____

Student ID: _____

Student E-Mail: _____

Student's Signature: _____

Volunteer Organization: _____

Address _____

Supervisor's Name _____

I certify that the above named student volunteered _____ hours with our organization.

Describe the volunteer work that was completed: _____

Supervisor's Signature: _____ **Date:** _____

Supervisor's Telephone No: _____ **Supervisor's E-Mail:** _____

| Date of Service Hour(s) | Time of day worked | Total Hours per day | Supervisors Rating Scale 1-5 (1 being poor; 5 being excellent). |
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You *may* submit your hours anytime during the class, BUT you *must* have submitted all 10 hours by the due date listed on the course calendar. Your community service project is worth 10% of your grade. Please follow the directions carefully; credit will not be awarded for hours not completed according to the directions outlined in the course.