



VOLUNTEER COMMUNITY SERVICE

Student's Name: _____ School _____ Grade _____

Place of Volunteer Work: _____ Phone # _____

Name/Title of Supervisor: _____

Description of Work Done: _____

Hours of Work Completed: _____ Date Work Completed: _____

Please rate the quality of this student's work:

Unsatisfactory

Satisfactory

Excellent

1

2

3

4

5

Signature of Supervising Authority: _____ Date: _____

Reminder: At least 10 hours of volunteer work must be completed each year. Please return this card to your guidance counselor or New Century Scholars sponsor.



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