

# Tonawanda Service Learning Form



Name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Event/Activity: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Location: \_\_\_\_\_

| Date | Hours | Description of Work |
|------|-------|---------------------|
|      |       |                     |
|      |       |                     |
|      |       |                     |
|      |       |                     |
|      |       |                     |

Total hours: \_\_\_\_\_

I authorize the service hours listed above were completed.

Agency Supervisor: \_\_\_\_\_

[illegible]

- The type and nature of the activity
- How the activity benefited the community
- Your overall experience (positive, negative, neutral) and why.