

WHITE PASS HIGH SCHOOL
SUPPLEMENTAL SERVICE-LEARNING SUPERVISOR'S REPORT

Student: Give to service learning supervisor to fill out and return to you. If supervisor is unavailable, use service learning self-report form. Make copies as needed.

Name of Student _____

Name of Agency _____

Name of Supervisor _____

Supervisor's phone number _____

Date Started _____ Date Completed _____

Please List/describe duties of the volunteer _____

How many hours has the volunteer worked since he/she began? _____

If available, would you want the same volunteer again? Yes _____ No _____

Was the volunteer paid or gained a benefit from this volunteer work?
(e.g. fundraising for trip they attended) Yes _____ No _____

Is the volunteer a family member? Yes _____ No _____

| | Above Average | Average | Below Average | N/A |
|---|---------------|---------|---------------|-----|
| Student reports regularly and punctually at agreed time | | | | |
| Student performs the tasks assigned by the agency | | | | |
| Student takes initiative to do what needs to be done without being told | | | | |
| Student responds appropriately to constructive criticism | | | | |
| Student asks questions and tries to learn more about the agency and its operations to better his/her work | | | | |

Please write any additional comments about the volunteer _____

Signature of Supervisor

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SUPPLEMENTAL SERVICE LEARNING SELF-REPORT

Student: Use ONLY if your service learning supervisor is unavailable. Self-reported service learning may not be counted if it cannot be verified. Make copies as needed.

Name of Student _____

Name of Agency _____

Name of Supervisor/Contact person _____

Supervisor/Contact's phone & email _____

Date Started _____ Date Completed _____

How many hours have you worked since you began? _____

Were you paid or did you gain a benefit from this volunteer work?
(e.g. fundraising for a trip you attended) Yes _____ No _____

Were you supervised by a close family member? Yes _____ No _____

What were your duties? _____

How did your service help the organization fulfill their goals and objectives? _____

What did you learn about yourself – your abilities, your work ethic, your fitness for certain tasks, etc. – from performing this service? _____

Would you like to volunteer for this organization again in the future? Why or why not?

Volunteer's Signature