

LONG TERM VOLUNTEER ASSIGNMENT

(16 hours or more at same agency)

As a student of Queen of Peace you are required to perform a total of 60 hours of community service. You are expected to complete twenty hours of service each year as a Frosh, Sophomore and Junior (twenty hours per year). **ALL SERVICE ACTIVITIES MUST BE PRE-APPROVED BY MRS. GREENAN**

Pre-approval stamp: _____ Date: _____

YOUR SERVICE MUST MEET THE FOLLOWING GUIDELINES:

1. It must be something that will benefit others.
2. **It may not be for a for-profit business or for an individual.**
3. It must be something that you are not required to do by anyone else (e.g., for a class, confirmation group, etc.).
4. It must be something for which you are not paid or otherwise given credit.
5. The organization **may not profit monetarily** from your service.

To be completed by student:

Student Name _____ ID# _____

Name of agency to receive service: _____

Agency Address: _____

Supervisor Name & Title: _____

Date(s) of Service: _____ Total hours: _____

Description of your service:



*"Each of you must give as you have made up your mind, not reluctantly or under compulsion,
for God loves a cheerful giver."
~ 2 Corinthians 9:7*

STUDENT'S EVALUATION OF AGENCY

To be completed by student:

General description of agency:

How did you hear about this agency?

List some things you enjoyed about this particular agency or the work you did:

List some things you did not enjoy about this particular agency or the work you did:

How do you feel your service "made a difference" in someone's life?

Would you recommend this agency to other students? yes no

Are you continuing to volunteer for this agency? yes no

If not, would you consider it again in the future? yes no

AGENCY'S EVALUATION OF STUDENT VOLUNTEER

PART 1: To be completed by student:

Student Name: _____ I.D. _____

Student Duties: _____

Total # of hours completed to date: _____

Date started: _____ Date ended: _____

PART 2: To be completed by site supervisor:

Site Supervisor's Name: _____

Site Supervisor's Signature: _____ Date: _____

Site Name and Address: _____

Phone # _____

Date(s) of Service: _____ Total hours: _____

| <i>Please rate the student's performance:</i> | <i>Poor</i> | | | <i>Excellent</i> | |
|--|-------------|---|---|------------------|---|
| Accepted & fulfilled responsibilities and duties | 1 | 2 | 3 | 4 | 5 |
| Ability to work with others / professionalism | 1 | 2 | 3 | 4 | 5 |
| Arrived on time | 1 | 2 | 3 | 4 | 5 |
| Attendance | 1 | 2 | 3 | 4 | 5 |
| Ability to take initiative or solve problems | 1 | 2 | 3 | 4 | 5 |
| Overall performance | 1 | 2 | 3 | 4 | 5 |

Please feel free to comment further on this volunteer's performance.

Thank you for your collaboration. Please mail or fax this form to:

Queen of Peace High School
7659 South. Linder Avenue
Burbank, IL 60459
Attention: Mrs. Greenan

Phone (708) 458-7600 x 240
Fax (708)458-5734

