

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 (20 hours per year).

Community service activities MUST BE PRE-APPROVED by Ms. Owens (Room 234).

Pre-approval signature: _____ Date: _____

YOUR SERVICE MUST MEET THE FOLLOWING GUIDELINES:

1. The work must be something that will benefit others.
2. **It may not be for an individual person or for a business identified by the Illinois Secretary of State as a for-profit business.**
3. It must be something that you are not required to do by anyone else (e.g., for a class, confirmation group, an Honor society, 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.
6. Service hours will not be credited for work done in lieu of attending class (es).

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:

Describe something you learned about yourself or others as you performed this service.

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

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. Number: _____

Student Duties: _____

Total number of hours completed to date: _____

Date started: _____ Date ended: _____

PART 2: To be completed by site supervisor:

Site Supervisor's Signature: _____ Date: _____

Agency / Site Name: _____

Agency / Site Address: _____

Phone number: _____ Email: _____

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: Service Learning Director

Fax: (708) 458-5734
Tel: (708) 458-7600

KAO:longtermservice/12

