COMMUNITY SERVICE AGENCY INFORMATION AND TIMESHEET
SUBMIT TO YOUR GUIDANCE OFFICE WHEN COMPLETE.
PLEASE KEEP A COPY FOR YOUR RECORDS.

Student Name: ____________________________________________  ID: ____________  LHS / FHS
email Address: ____________________________________________  Grade: ___  Year of Graduation: ___

Agency listed on the BASD Website? Yes / No  If ‘No’ have you submitted a Request to Volunteer? Yes / No
If you have not answered ‘yes’ to one of the above questions, do not continue without submitting a Request to Volunteer or choosing an agency listed on our website.

Following Section to be completed by Agency Personnel

Name of Agency: _____________________________________________  Phone No. ________________
Supervisor: _________________________________________________  email: ________________________

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Service Activity: __________________________________________

Service Start Date: ____/____/____  Service End Date: ____/____/____

Total Hours: __________________________  Verified by: ____________________________
(Signature of supervisor and date)

I agree that all information on this sheet is accurate to the best of my knowledge

________________________________________ (Signature of student) (Date)

I have reviewed the information available to me, have had the opportunity to seek out any additional information about this agency if desired, and verify that this time sheet is accurate to the best of my knowledge

________________________________________ (Signature of parent/guardian) (Date)
Please complete the following questions for each volunteer experience:

What did your role as a volunteer include?
_______________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
__________________________________
_____________________________________________________________________________

What is a strength or weakness you learned about yourself through this experience? (a new skill, interest, etc.)
_______________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
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What did you learn about this agency and what they do for the community?
_______________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

How did your specific service job help the organization? What were they able to accomplish with your help?
_______________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
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What would you tell a friend about volunteering at this agency?
_______________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

What did you learn from this experience that can relate to your college or career goals?
_______________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________
_____________________________________________________________________________________________________________

Signature of Guidance Counselor: _______________________________ Date: ________________