

COMMUNITY SERVICE PROGRAM

Volunteer Evaluation Form

Name of Student _____

When the above named student of Pilgrim High School is finished with his/her community service at your center, would you kindly fill out this evaluation of his/her efforts and return it to the student. If you prefer, you may mail it to the above address, attention: Ms. Susan Durand in the Guidance Department. Please return the form by March 15, 2011. Your help is greatly appreciated. Thank you for providing this worthwhile opportunity to our students.

	Excellent	Good	Fair	Poor
Appearance				
Initiative				
Interest				
Use of Time				
Attendance				
Enthusiasm				
Punctuality				
Courtesy				

Number of hours completed _____

Comments or observations regarding this student:

Name and address of the service site: _____

Phone Number of site (for verification purposes): _____

Total number of hours at the site _____

Total number of days at the service site: _____

Supervisor's signature _____