

*Staple your Community Service Proposal to this and turn them in to your first period teacher.*

### LCMA IB MYP Community Service Log Sheet

Name: \_\_\_\_\_ School Year: 201 -1 Grade: \_\_\_\_\_

First Period Teacher: \_\_\_\_\_

Only volunteer work related to the Proposal for Community Service form/s may be listed.

| Date of Service   | Start Time | End Time | Hours to be Entered* | Agency Name   | Supervisor Signature & Title<br><small>(Agency supervisor must verify, by signing, volunteer hours each time service is completed.)</small> |
|---|------------|----------|----------------------|---|---|
|   |            |          |                      |   |   |
|   |            |          |                      |   |   |
|   |            |          |                      |   |   |
|   |            |          |                      |   |   |
|   |            |          |                      |   |   |
|   |            |          |                      |   |   |
|   |            |          |                      |   |   |
|   |            |          |                      |   |   |
|   |            |          |                      |   |   |
| <b>Total Hours:</b><br><small>(Added up by the student)</small> |            |          |                      | <small>* Hours must be listed by whole or half hour increments.</small> |   |

To be completed by Supervisor:

|                               | Excellent | Very Good | Fair | Poor |
|-------------------------------|-----------|-----------|------|------|
| Attitude toward others        |           |           |      |      |
| Attitude toward work          |           |           |      |      |
| Cooperation                   |           |           |      |      |
| Dependability                 |           |           |      |      |
| Judgment                      |           |           |      |      |
| Willingness to take direction |           |           |      |      |
| Responsibility                |           |           |      |      |
| Attendance                    |           |           |      |      |
| Punctuality                   |           |           |      |      |
| Comments:                     |           |           |      |      |

Supervisor's Signature: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_