



Presidential Volunteer Service Award / CYS Activity Record



Volunteer Name: _____ Grade (2011-12): _____ DOB: _____

Name of Service/Activity: _____ Date(s): _____

Starting Time of Activity: _____ Ending Time of Activity: _____ Total Hours: _____

Description of Activity:

* * * * *

TO BE FILLED OUT BY SUPERVISING ADULT (please print):

Name: _____ Title: _____

Organization: _____

Contact Information (phone and/or email): _____

Please rate the student volunteer: (4-outstanding; 3-better than average; 2-average; 1-needs improvement/marginal; and 0-ineffective).

Punctual: _____ Followed Directions: _____

Completed Tasks: _____ Attitude: _____

Additional Comments:

Supervising Adult Signature _____

Date _____

Please send completed forms to education@sanjosecys.org