

Updated 8/16

Gloucester Catholic High School

Director of Christian Service: Ms. Alaina Turse: aturse@gchsrams.org

Name of the student placed at your organization:

Community Organization:

Site Supervisor Name and Contact Info:

Date of evaluation: Quarter (1, 2, 3, 4) Number of hours completed: _____

Would you like to be included on our website that lists volunteer opportunities?

[Yes] [No]

Please select the appropriate response:

1. Overall, our experience with the student was:

[Excellent] [Good] [Fair] [Poor]

Comments:

2. We want to continue to have this student work with our organization.

[Strongly Agree] [Agree] [Disagree] [Strongly Disagree]

Comments:

3. Overall, we are satisfied with service provided by this student

[Strongly Agree] [Agree] [Disagree] [Strongly Disagree]

Comments:

Description of Service:

Additional Comments:

Signature _____ Date _____

If you have any concerns with this student or with the program, please contact Ms. Turse