

NOTRE DAME JUNIOR-SENIOR HIGH SCHOOL
UTICA, NEW YORK

VERIFICATION OF SERVICE FORM

STUDENT NAME _____

DATE _____

To the Project Supervisor:

The student named above has indicated that you were the project supervisor for him/her while giving service to the community. In order to be credited with this time toward the community service requirement at Notre Dame, there needs to be verification and evaluation of the service given. Please be kind enough to complete the information requested below and return the form to Notre Dame. This may be done either by returning the form through the student or by mailing (Notre Dame High School, 2 Notre Dame Lane, Utica, NY 13502) or faxing (315-724-9460) the form to the attention of the Community Service Coordinator.

Thank you for taking the time to assist our students! NOTE: If the service given is long-term, it is sufficient to complete the form only every few months.

Service Hours carried out between: Start Date _____ and End Date _____

Total Number of Hours of Service: _____

Brief Description of service rendered: (3 – 4 sentences is fine)

Evaluation of service: _____

(5 – absolutely outstanding, 4 – above average for age, 3 – average,
2 – could have been better, 1 – more a hindrance than a help)

NAME OF SUPERVISOR (PRINT): _____

ROLE/FUNCTION OF SUPERVISOR: _____
(for example – Head Coach, Pastor, Director of Volunteers, Club Moderator, Church Fair Coordinator)

EMAIL/PHONE: _____ SIGNATURE _____

