

COMPLETION OF UNITY FOR CHRIST SERVICE LEARNING ACTIVITY

Student: _____

Parent: _____

Activity	Number of hours	Date of completion	Location and telephone number	Supervisor's name

To be completed by the supervisor:

Agency/organization: _____

Telephone number: _____

Your name: _____

Please answer YES or NO to the following questions, and comment when you think it may be helpful in overall encouragement.

1. Was the student cooperative? _____

2. Punctual in both arrival and departure? _____

3. Efficient with time? _____

4. Efficient with materials? _____

5. Sensitive to situations and conditions of the people your agency serves? _____

6. Respectful to others, particularly superiors? _____

7. Positive in attitude toward work? _____

8. Responsible and trustworthy? _____

9. Communicative and pleasant? _____

Other comments?

UNITY FOR CHRIST SERVICE LEARNING JOURNAL

Student :

Agency or organization:

Supervisor:

Date: (start and finish dates of volunteer hours)

Total hours:

Responsibilities and activities:

Reflections: (what people did you meet? What new experiences did you have? What is different and unique about this activity? Have you seen any growth or change in yourself or your attitudes? What do you like about this work? What do you dislike about this work? What is difficult about this work? What are you learning about yourself and especially the people you are serving?)