Sunnae Hiler
Community Service Coordinator
Trinity Valley School
817.321.0100 xt. 445

TVS
TRINITY VALLEY SCHOOL

COMMUNITY SERVICE DOCUMENTATION FORM

_____
PRINTED NAME OF STUDENT

Please describe the volunteer act in detail:

_____

_____

Date	Number of Hours
TOTAL NUMBER OF HOURS	

As the party responsible for supervising the volunteer work of the student mentioned above, please sign below to indicate that the preceding statement is valid and correct.

_____
Name Daytime Phone

_____
Title or Position Organization Name

_____
Signature Date

Please rate your volunteer based on the following scale: 1 = Needs Improvement; 5 = Exceptional

Volunteer arrived on time	5	4	3	2	1
Volunteer was enthusiastic	5	4	3	2	1
Volunteer was courteous	5	4	3	2	1
Volunteer took his/her role seriously	5	4	3	2	1
Volunteer was helpful	5	4	3	2	1