Service Learning

ESCONDIDO ADVENTIST ACADEMY

Student: _____ Grade: _____ Date Submitted: _____

Check one:

- ☐ School Campus — Event: _____
- ☐ Church — Date(s) of Service: _____
- ☐ Community — Hours / Minutes of Service: _____

Rate the activity *(in terms of meaning to you)*: 1 2 3 4 5
Boring *Great*

_____

Student Signature – *My signature indicates that I did the above service as described **without** receiving pay or work experience credit.*

Please share any ideas or comments that you feel might improve this event or help create other service opportunities.

_____

_____

_____

_____

To the supervisor: *Thank you for your help in this project. Please read and sign below.*

I attest that the above service was:

1. Supervised by me.
2. Voluntary with no payment or grade received.
3. Not done in behalf of the immediate family or relative.
4. Performed in the indicated number of hours and minutes.

Service Supervisor: _____ Phone #: (____) _____

Supervisor Signature: _____ Date: _____

Please note that the student's parent may not sign this form.

Instructions: Fill out bottom portion; cut along dotted line; submit to service coordinator. (Not valid without coordinator signature)

Student name: _____ Date of Event:_____ Hours:_____ Received:_____

Please keep this potion as proof of submission

Revised: July 2014