San Francisco Waldorf High School
Community Service Sign-Off

A representative from the service organization must complete and sign this form

Student: _____ **Grade:** ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Organization: _____

Service responsibilities: _____

_____

_____

Service Hours Completed

Date Worked	Hours

Total Hours: _____

Please complete this brief evaluation:

	Excellent	Good	Satisfactory	Inadequate
Cooperation				
Dependability				
Attitude				
Punctuality				

Additional Comments:

_____

_____

_____

_____

_____

Supervisor (print name): _____

Supervisor's signature: _____ **Date** _____

Contact Information: Tel _____ **Email** _____

Address: _____

For school use only:
Recorded in Blackbaud by _____ Date _____