

# COMMUNITY SERVICE SUPERVISOR FORM

*The purpose of this document is to confirm that the below-named student has completed volunteer service hours at your agency.*

Student's Name \_\_\_\_\_ Class of \_\_\_\_\_

Homeroom \_\_\_\_\_ Current Semester/Year \_\_\_\_\_

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As a requirement of the Cornerstone Academy High School Community Service Program, each student is asked to perform volunteer service for the community. Thank you for serving as this student's supervisor at your agency. As his or her supervisor, we ask that you fill out this Supervisor Form and include any supporting documentation (agency time sheet or evaluation form).

Please:

1. Fill in the agency name and address below and print your name.
2. Indicate whether your agency is a non-profit organization.
3. For the above-named student, verify the number of hours he/she volunteered by writing them in the space below.
4. Fill in any comments you may wish to write about how the student did as a volunteer with your agency.
5. In a pre-printed agency envelope, enclose this form and give it to the student to return to Cornerstone Academy.

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Name of Agency: \_\_\_\_\_

Address of Agency: \_\_\_\_\_

Supervisor's Name (Please print): \_\_\_\_\_

Supervisor's Phone #: \_\_\_\_\_

This is a non-profit agency:      \_\_\_\_\_ YES      \_\_\_\_\_ NO

This service was performed (circle applicable): Summer      Holiday      After School      Weekends

Number of Hours Completed: \_\_\_\_\_

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I am the student's supervisor at the above-named agency. I confirm that he/she has completed volunteer hours at our agency. (Please comment below or on the back of this sheet of paper):

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_