

## COMMUNITY SERVICE COMMITTEE APPROVAL

Date received \_\_\_\_\_ Date of approval \_\_\_\_\_

Number of credited hours student will receive for this community service experience \_\_\_\_\_

## COMMUNITY SERVICE SUPERVISOR

PLEASE PRINT – Complete and return to student on day of activity.

Name of Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Date and start/end times of activity \_\_\_\_\_

Number of hours of service completed \_\_\_\_\_

Brief description of student's activities \_\_\_\_\_

I verify that the student named above completed his/her community service activity in good conduct and in accordance with the guidelines below.

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT PERFORMANCE GUIDELINES

While performing the community service activity, the...

- student acted respectfully, responsibly, and safely while completing the service activity.
- student did not receive money or other compensation for his/her service activity.
- student arrived on time, worked well throughout the activity, and accepted direction.
- student acted in a mature manner which reflected well on him/herself and RCW.
- student's appearance and attire were appropriate for the service activity.
- student was an asset to our organization/event and made a positive contribution.
- student did not use a cell phone, music device or other electronic device.