



Genesee Academy

Phone (810) 250-7557 Fax (810)250-7556 www.gaflint.org



Community Service Form 2017-2018

(The student should fill out this part and get the school supervisor's approval before he/she proceeds with the community service)

Student's Name: _____ Grade: _____

Organization/Event Name: _____ Location: _____

Type of Community Service: _____

Contact Person: _____ Phone#: _____

Date(s): _____ Number of hours expected: _____

<input type="checkbox"/> Approved	School Supervisor Name: _____
<input type="checkbox"/> Not Approved	Signature: _____

Which IB Learner Profile characteristic best described you in this activity. Circle one:

Communicator	Knowledgeable	Thinker	Caring	Principled
Risk-Taker	Balanced	Reflective	Open-Minded	Inquirer

Write a paragraph reflecting on your experience. How did you apply a characteristic of the IB Learner Profile?

Student signature

Date

Parent signature

Date



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Community Service/Event Supervisor Feedback Form: (required)

Thank you for taking the time to supervise our student volunteer. In order to improve our program and to provide our students with the most effective training, we would greatly appreciate your feedback on our volunteer's performance. Please take a few minutes to answer the questions below. Thank you for your time and cooperation.

To Be Filled Out by Community Service Supervisor – Student Evaluation

	Excellent	Good	Average	Needs Improvement	Not Applicable
Attendance & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance & Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude & Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative & Self Direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Community Service Supervisor Signature

Name (Please Print)

Community Service Supervisor Phone

Date

For Office Use Only

Date Received: _____

Verified by: _____

Approved: Yes No