



Campus Ministry
 Living the Gospel Message
 Supervisor Evaluation Form
Only Original Forms are Acceptable
All service must be in a non-tax agency, church or school.

Student Name: _____ Grade Level: _____

All information on this form (with the exception of student name) must be completed by the supervisor, not the student, to receive credit. Please return this form to the student.

It is the responsibility of the student to return this form to his/her theology teacher.

Please note the actual number of hours the student volunteered.

Agency of Service: _____

Supervisor (non-tax agency employee): _____
 (Please Print)

Supervisor Contact Information (phone number): _____

Supervisor Signature

Date

Please note the actual number of hours the student volunteered each volunteer session.

Date	Hours	Supervisor Initials		Date	Hours	Supervisor Initials

Supervisor, please describe in detail the service rendered. Working at home in activities such as baking, sewing, assembling, etc. is not acceptable service

I certify that the hours represented on this form were performed by the student at our church/school/agency and that the service rendered was satisfactory.