

# Northern Cass Community Service Credits

## EVALUATION OF COMMUNITY SERVICE PROJECT BY NON-PROFIT AGENCY OR ORGANIZATION

You have been assisting a student from Northern Cass High School in carrying out his/her community service project. We appreciate the assistance you have provided to this student. Please complete this form and return it to the student.

Name of Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Describe the student's service: \_\_\_\_\_

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The student conducted their service appropriately.                      Yes                      No

The student ended their service in good standing.                      Yes                      No

Indicate the date and time of service:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Total hours student worked for this community service project: \_\_\_\_\_

\_\_\_\_\_  
Signature of Representative (organization)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature from Service Committee Representative

\_\_\_\_\_  
Date

This form is in triplicate. One copy goes to the student, one copy goes to the organization, and one copy goes to the school.

# Northern Cass Community Service Credits Student Request

Name of Student: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Describe the service to be completed:

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Describe how you will know the service was successful:

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Provide relevant logistical details of the upcoming service (i.e.—contact, dates, and location):

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On the following sheets, please write ONE full paragraph (minimum of five sentences) for each instance of service which accumulates to 25 hours. The paragraph should share what you accomplished and how this service impacted you as an individual.