Our Lady of Peace Service Hour Verification Form

Academy of Our Lady of Peace 4860 Oregon Street, San Diego, CA 92116
Phone # 619-297-2266
Email: dbrannman@aolp.org

Attach a Supervisor Business Card Here
(If Site Supervisor has a business card)

If the supervisor does not have a card, attach some type of picture of you at the event

STUDENT SECTION

Please make sure the following policies are adhered to:

1. **Each section of this form must be completed.**
2. **The hours documented must only represent the actual time spent volunteering---travel time or sleep time in an overnight setting should not be included.**
3. **Neither the student, nor anyone related to the student, may sign this form.**

Name of Student _____ Class of 20_____

Name of Organization/Agency _____

Organization/Agency Contact Person__ _____

Phone Number of Contact Person (_____)_____

Email Address of Contact Person _____

Date (s) of Service **One Day**: _____ **and/or**
(Month / Day / Year)

Multiple Days: From _____ to _____
(Month / Day / Year) *(Month / Day /Year)*

THIS SECTION MUST BE FILLED OUT BY A SUPERVISOR

Evaluation of Service: Please circle and add a comment if you wish.

	Excellent	Above Average	Average	Below Average	Poor
Attitude	**5**	**4**	**3**	**2**	**1**
Leadership	**5**	**4**	**3**	**2**	**1**
Responsibility	**5**	**4**	**3**	**2**	**1**
Relationships	**5**	**4**	**3**	**2**	**1**
Follow-Through	**5**	**4**	**3**	**2**	**1**

Comments:

Total DIRECT Hours _____ **Total INDIRECT Hours** _____

SUPERVISOR SIGNATURE _____**DATE**_____