

## VOLUNTEER SERVICE FORM

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Proposed Agency/Location: \_\_\_\_\_

Estimated # of Hours: \_\_\_\_\_

Possible Activities: \_\_\_\_\_

\_\_\_\_\_  
Clinical Coordinator Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Approval

\_\_\_\_\_  
Date

Summary of Participation (by student): \_\_\_\_\_

**This part of form must be completed by agency AFTER volunteer hours are COMPLETED and submitted to the Program Director within 10 days of completion of volunteer service hours.**

Total Hours (completed by agency representative): \_\_\_\_\_

Evaluation of Experience (by agency representative): \_\_\_\_\_

	Below Average	Average	Good	Excellent
A. Complied with rules & expectations	1	2	3	4
B. Worked cooperatively	1	2	3	4
C. Projected self confidence & emotional control	1	2	3	4
D. Treated all participants with respect	1	2	3	4
E. Met responsibilities reliably	1	2	3	4
F. Took the initiative to get involved	1	2	3	4
G. Refrained from bias toward any individual	1	2	3	4
H. Dressed appropriately & presented self in a professional manner	1	2	3	4

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
BSC RADT Representative

\_\_\_\_\_  
Date