

SHIRK SCHOLAR REPORT FORM

all forms are due by: December 10, 2010

Student Information

Name: _____ Year of Graduation: _____

Volunteer Information

Agency Name: _____

Supervisors Name: _____

Supervisors Phone Number: () _____ Supervisors E-mail Address: _____

Brief Description of Duties: _____

Supervisors Signature: _____

Total Hours Completed: _____

Evaluation

Evaluation by student (to be completed after top portion of form as been completed)

On a scale from 1-5(5 being the highest) how would you rate your experience? 1 2 3 4 5

Please note what you would do differently: _____

How did engaging in this service project impact you individually: _____

Would you recommend this experience to other students? Yes No

FOR VOLUNTEER CENTER USE ONLY

Date Received in Volunteer Center: _____

Received By: _____