



SEATTLE ACADEMY

Community Service Evaluation and Credit

Name _____

Date _____

Class Year _____

Summarize your volunteer role and responsibilities.

How was your volunteer experience? Would you recommend this job to others?
What did you notice?

Number of hours completed	Organization Name
Supervisor Name	Organization Address
Supervisor Signature	Organization Website
Supervisor Phone Number	

When complete, please return this form to Jodi Rea at the front desk of the CUB Building (1215 E. Union St. Seattle, WA 98122).