Civics & Government Institute
Community Service Partnership Form

The top section of this form is to be filled out by students.

Student's Name: _____ Partnership Name: _____

Contact's Name _____ Contact's Email _____ Contact's Phone _____

THIS FORM WILL NOT BE ACCEPTED IF STUDENTS WRITE BELOW THIS LINE

Please check the frequency of the activity: ☐ One Time ☐ Daily ☐ Weekly ☐ Monthly

Other (please explain): _____

Notice to Contact:

1. Membership alone does not automatically qualify for community service. Only dedicated and continuous service benefiting the organization and community qualifies. Therefore, *please make your description of service as accurate as possible*.

_____

_____

_____

_____

_____

_____

Please use other side if necessary

Total number of hours served this quarter: _____

2. Please indicate how you would rate the above student as compared to others in the same activity by circling the appropriate number. (Five indicates exceptional service.)

Minimal					Exceptional	
0	1	2	3	4	5	Contribution to Organization
0	1	2	3	4	5	Effectiveness
0	1	2	3	4	5	Rapport with Others

Forms are due no later than the following dates:

Q1	Nov. 3, 2006
Q2	Jan. 19, 2007
Q3	Mar. 30, 2007
Q4	June 8, 2007

Contact's Signature: _____ Date: _____