



The Boys' Latin School of Maryland
Community Service Project Form



To be filled out by Community Service Organization

Boys' Latin Student, _____ Boys' Latin Advisor _____, performed
_____ hours of Community Service on the date (s) _____

Supervisor of volunteered service:

Name _____ Signature _____ Date _____

Organization Name _____

Address: _____

City/State/Zip _____ Telephone Number _____

Organization's service to the community _____

Services rendered by student _____

To be filled out by student volunteer

Estimate how many people will benefit from this project _____

Please rate the following by circling the appropriate number: **1 is the lowest score and 5 is the highest**

- Leading up to the project, information was provided in a clear and timely fashion.
1 2 3 4 5
- Project day was organized, efficient, and on schedule.
1 2 3 4 5
- The non-profit clearly explained their organization, the project, and your role as a volunteer.
1 2 3 4 5
- Did the experience motivate you to continue to volunteer?
1 2 3 4 5
- What did you enjoy most about the project? _____
- Do you have any suggestions for improvement? _____
- What type of service projects interest you most? _____