



Community Service Report Sheet

Name: _____

Sport: _____

Activity Completed: _____

Date of Activity: _____

Time of Day: Began _____ AM PM Ended _____ AM PM

Description of the Activity: _____

Supervisor: _____

Was this a team or individual service project? _____

What do you feel was the level of interaction with the public?

Low 1 2 3 4 5 6 7 8 9 10 High

Would you recommend this activity or engage in this activity in the future?

Low 1 2 3 4 5 6 7 8 9 10 High

Did you feel as though you benefited from being involved in this activity? If so... how?

Signature of Supervisor: _____ Date: _____

Print Name: _____ Contact Number: _____

Return Completed Forms to: Mandi Bennett, FIT Clemente Center (Room 104). Forms must be turned in no later than Friday, March 30th, 2012.