

# COMMUNITY FOCUS PARTICIPATION QUESTIONNAIRE

Nine Weeks 2018-2019	1 <sup>st</sup> <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>	3 <sup>rd</sup> <input type="checkbox"/>	4 <sup>th</sup> <input type="checkbox"/>
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**Student Name** (First and Last Name)

**Grade**

**Name of Organization**

**Team Leader**

**Date      Time in      Time out**

**Total Hours**

Please give a brief history of the organization – founders, history, goals, accomplishments, etc.
What did you do during your volunteer time?
What did you enjoy? Anything you disliked? Best part of the day? Hardest part of the day?

Would you like to participate in this activity again? Why or why not?

Additional comments:

**Signature of Outreach Leader**

**Date**

**Parent/Guardian Signature**

**Date**

**Student Signature**

**Date**

**WAAS Faculty Signature**

**Date Received**

**Entered into  
Spreadsheet**