

COMMUNITY FOCUS PARTICIPATION QUESTIONNAIRE

Nine Weeks 2019-2020	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	4 th <input type="checkbox"/>
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Student Name (First and Last Name)

Grade

Name of Organization	Team Leader
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Date	Time in	Time out	Total Hours
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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**