

Express Yourself.

Get Involved.

Benjamin Franklin Institute of Technology

Community Service Documentation Form

All fields must be completed. Only this form will be accepted.

Student Name (Print clearly): _____

TO BE COMPLETED BY STUDENT:

Supervisor Name and Organization (Print): _____

Total Hours Worked: _____ Date(s) of Service: _____

Service(s) Performed: _____

Do you feel your involvement in this activity benefited the organization? Yes ____ No ____

Please explain:

Did you benefit from this experience? Yes ____ No ____

Please explain:

Briefly describe what you learned from your service experience (Attach a separate sheet if necessary).

Student Signature: _____

TO BE COMPLETED BY SERVICE SUPERVISOR:

Supervisor Signature _____ Date _____

Supervisor Mailing Address (to stay in touch!) _____ Supervisor Phone Number _____

To help us better respond to community need and further develop our campus's civic engagement initiatives, we will email you a link to a short survey. Please respond at your convenience. We appreciate feedback!