Flathead Valley COMMUNITY COLLEGE
777 Grandview Drive • Kalispell, MT 59901 • 756-3908

SERVICE LEARNING

Student Volunteer Time Sheet

This time sheet MUST be returned to the Service Learning office 10 days before the end of the semester.

Student Name: _____ Agency:_____

Instructor #1:_____ Course # & Section: _____

Instructor #2:_____ Course # & Section: _____

DATE	VOLUNTEER HOURS (e.g. 1-3 p.m.)	TOTAL DAILY HOURS

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Student Signature:_____ Total Semester Hours:_____

Site Supervisor Signature:_____ Date:_____

Students - Please take a minute to answer the following questions. **Use the back of sheet if more space is needed.**

1. Did you feel your volunteer experience was beneficial and why? _____

_____

2. Do you have a success story you would like to share? _____

_____

3. Is there anything we can do to improve a future student's experience or the Service Learning Program? _____

_____

4. Do you plan to engage yourself in community service in the future?_____