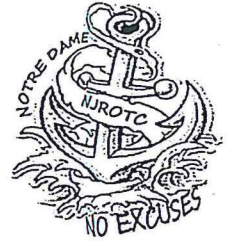


NOTRE DAME NJROTC VERIFICATION OF SERVICE FORM



STUDENT NAME _____ DATE _____

To the Project Supervisor:

The student named above has indicated that you were the project supervisor for him/her while giving service to the community. In order to be credited with this time toward their NJROTC community service requirement at Notre Dame, there needs to be verification and evaluation of the service given. Please be kind enough to complete the information requested below and return the form to the NJROTC unit at Notre Dame. This may be done either by returning the form through the student or by mailing (Notre Dame High School, Att: NJROTC, 2 Notre Dame Lane, Utica, NY 13502) or e-mail to njrotc.nd@gmail.com. Thank you for taking the time to assist our students! NOTE: If the service given is long-term, it is sufficient to complete the form only every few months. Service Hours carried out between:

Start Date _____ and End Date _____ Total Number of Hours of Service: _____

List each day's hour on back of sheet.

Brief Description of service rendered: (3 – 4 sentences is fine)

Evaluation of service: _____ (5 – absolutely outstanding, 4 – above average for age, 3 – average, 2 – could have been better, 1 – more a hindrance than a help)

NAME OF SUPERVISOR (PRINT): _____

ROLE/FUNCTION OF SUPERVISOR: _____ (for example – Head Coach, Pastor, Director of Volunteers, Club Moderator, Church Fair Coordinator)

EMAIL/PHONE: _____ SIGNATURE _____

FOR UNIT USE ONLY - CADET ROUTING

SNSI/NSI _____

Community Service LPO/LCPO _____ Categorize as P/O, E/O, C/S, S/S

Sub Category _____

Date logged as _____

Entered into CDMIS by Name: _____ Signature: _____

Community Service Hours by date

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

Date: _____ Hours: _____

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