

# CATHEDRAL INTERNATIONAL

P.O. BOX 1608  
277 Madison Avenue  
Perth Amboy, New Jersey 08862

## Community Service Evaluation Form

Student Volunteer Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Program Director/Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Non-Profit \_\_\_\_\_

For-Profit \_\_\_\_\_

Please describe the nature of the community service and the role that you provided: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate # of hours served: \_\_\_\_\_

**Program Director:** Please rank the volunteer by circling the following areas and return this form to the student for submission with the scholarship application.

	Excellent	Good	Average	Below Average	Poor
Attitude	10	8	6	4	0
Integrity	10	8	6	4	0
Interpersonal Skills	10	8	6	4	0
Level of Involvement	10	8	6	4	0
Willingness to Serve	10	8	6	4	0

Program Director's Comments: \_\_\_\_\_

\_\_\_\_\_

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_