



# SAINT DOMINIC ACADEMY

Grades Pre-K to 5  
17 Baird Avenue  
Lewiston, Maine 04240  
Tel: (207) 783-9323

Grades 6-12  
121 Gracelawn Road  
Auburn, Maine 04210  
Tel: (207) 782-6911

## Community Service Form (to be completed by the student)

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

Religion Teacher: \_\_\_\_\_

Nonprofit organization for whom the service is being provided:

Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact person: \_\_\_\_\_

Brief description of the service provided:

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

Location where service was performed: \_\_\_\_\_

Date(s) when the service was performed: \_\_\_\_\_

Time (hours) taken to complete the project: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student: Answer the following questions:

1. What did you gain from this community service experience?

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2. What did you like about this community service project?

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3. Was there anything you did not like about this community service experience?

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To be completed by the Community Service Supervisor

I, \_\_\_\_\_, wish to validate that  
\_\_\_\_\_ has satisfactorily complete \_\_\_\_\_  
hours of community service on this/these dates \_\_\_\_\_.  
Please comment on any positive and/or negative aspects of this particular student  
and their service to you.

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