THE UNIVERSITY OF SCRANTON
SJLA Sophomore Class
Community Based Learning Time Sheet
Opportunities available at www.scranton.edu/volunteers

Name: _______________________________________
Royal ID: R____________________________

Local Address ____________________________ Phone ____________________________

Email ____________________________@scranton.edu # Hrs required __________

Course ____________________________ Instructor ____________________________

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>How many hours?</th>
<th>Service Performed</th>
<th>Agency Name</th>
<th>Agency Rep. Signature</th>
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</table>

Total Hours

Agency 1.
Contact Person (print) ______________________________________
Contact Person’s title ______________________________________
Agency phone number (            )         -
Who benefitted from your service? ______________________________________
Would you recommend this site to others? ___yes ___no
Explain ______________________________________
Rank your service experience ___poor ___fair ___good ___excellent
Comments: ______________________________________

Agency 2.
Contact Person (print) ______________________________________
Contact Person’s title ______________________________________
Agency phone number (            )         -
Who benefitted from your service? ______________________________________
Would you recommend this site to others? ___yes ___no
Explain ______________________________________
Rank your service experience ___poor ___fair ___good ___excellent
Comments: ______________________________________

Enter more information if necessary on the back of this sheet. Please make a copy for your records.

Return this form to Mrs. Rebecca Haggerty, STT 208A, by March 15, 2017