



COMMUNITY-BASED LEARNING

CAREERDEVELOPMENT@INVERHILLS.EDU
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STUDENT CONTACT

Name:
Student ID#:
Email:
Course#:
Course Section:
Instructor:

COMMUNITY PARTNER CONTACT

Agency Name:
Contact Name:
Email:
Phone#:

SERVICE SUMMARY

Brief overview of your experience:

TIME LOG

DATE	#HOURS SERVED	TASKS PERFORMED	SUPERVISOR INITIALS

Add additional pages as necessary.

I CERTIFY THAT THE NAMED STUDENT COMPLETED _____ HOURS OF SERVICE AND HAS FULFILLED THEIR COMMITMENT TO MY ORGANIZATION.

COMMUNITY PARTNER SIGNATURE

DATE