

Grossmont College, School of Nursing
Community Service

To be completed by student:

Students Name: _____

Date: _____

Name of Organization: _____

Short Description of Community Service Activities:

To be completed by Community Service Representative/Supervisor:

1. The student actively participated in the event. Yes____ No _____

2. The student was professional. Yes____ No_____

3. The student asked questions when necessary. Yes____ No_____

4. The student attended _____ hours.

Supervisor's Name (Please print)_____

Signature of supervisor_____ Date: _____

Contact information (telephone or email)_____