FLORIDA GULF COAST UNIVERSITY

RESTORATIVE SERVICE VERIFICATION FORM

Worksite: __________________________________________________________

Worksite Address: __________________________________________________

Contact Person: ___________________ Phone: ______________________

Student’s Name: ____________________________________________________

Number of Hours Assigned: To be completed by:

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME ARRIVED</th>
<th>TIME DEPARTED</th>
<th>HOURS WORKED</th>
<th>SUPERVISOR INITIALS</th>
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Please return this form to: Heather Kloeker
Coordinator for Residential Student Conduct
12101 FGCU Lake Pkwy E
Fort Myers, FL 33965
239-590-7414
FLORIDA GULF COAST UNIVERSITY
RESTORATIVE SERVICE EVALUATION FORM

THIS FORM MUST BE FILLED OUT AND TURNED IN!

Name:______________________________________________________________

Address: __________________________________________________________

City: ______________ Zip: ________

Phone # ________________________________

1. Please write the name of the worksite(s) you worked at to complete your community service hours:

_________________________________________________________________

2. What were your main tasks or responsibilities while at the worksite?

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

3. What did you learn while working at the agency?

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

4. What problems, if any, did you encountering while at the worksite?

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

5. How do you think this experience positively impacted your community?

_________________________________________________________________

_________________________________________________________________