



**JAMAICA THEOLOGICAL SEMINARY
COMMUNITY SERVICE (CS) REPORT FORM**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS REPORT

If you are unable to perform service functions, please note the date(s) & reason(s):

Date(s):

Reason(s):

| | | | |
|---|--|---|---|
| Student's Name: | | Programmes: BATH <input type="checkbox"/> BABS <input type="checkbox"/> BAGEN <input type="checkbox"/> BAG&C <input type="checkbox"/> BSW <input type="checkbox"/> BAMB <input type="checkbox"/> ASSOC. DEGREE L/M <input type="checkbox"/> CERT/LM <input type="checkbox"/> BAABA <input type="checkbox"/> | |
| Period of Report: Academic Year _____ - _____ | | Date Submitted: | |
| Month: | | Day and Time of Service: | Full -Time <input type="checkbox"/> |
| Specific Area of Service: | | | Part-time <input type="checkbox"/> |
| Venue of Service: Name: | | Telephone # of Venue | Online <input type="checkbox"/> |
| | | | Year Group 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> F/Y <input type="checkbox"/> |
| Address of Venue: | | Semester: 1 <input type="checkbox"/> 2 <input type="checkbox"/> | |

Objectives Set: NB Objectives should be Measurable, Attainable, Action-oriented, Realistic, Relevant & Time Bound

1. _____
2. _____
3. _____
4. _____

Objectives Fulfilled:

1. _____
2. _____
3. _____
4. _____

Tick the words/phrases which best described yourself as you engaged in Community Service activities:

- | | | |
|---|---|--|
| Zealous <input type="checkbox"/> | Indifferent <input type="checkbox"/> | Weighed Down <input type="checkbox"/> |
| Concerned <input type="checkbox"/> | Challenged <input type="checkbox"/> | Discouraged <input type="checkbox"/> |

Tick the words/phrases which Best describe the response of the persons to whom you ministered:

- | | | |
|--|--|---|
| Interested <input type="checkbox"/> | Challenged <input type="checkbox"/> | Indifferent <input type="checkbox"/> |
| Committed <input type="checkbox"/> | Enthusiastic <input type="checkbox"/> | Motivated to Learn/Change <input type="checkbox"/> |

| | | |
|---|----------------------------|--------------|
| Comment on any changes you saw in yourself as a result of CS involvement | | |
| | | |
| | | |
| Comment on changes observed in the persons whom you served: | | |
| | | |
| | | |
| Comment on any difficulties in your Community Service assignment: | | |
| | | |
| | | |
| Student's Name | Student's Signature | Date: |
| | | |

SUPERVISOR'S LOG FOR COMMUNITY SERVICE

| Date of Service | Time Commenced & Completed | Supervisor's Comments | Supervisor's Signature |
|------------------------|---------------------------------------|------------------------------|-------------------------------|
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| | | | |
| Total Hours | | | |

1. This report is to be submitted to the Office of Student Affairs (OSA) on a monthly basis.
2. Please note that your supervisor is required to sign this report.

Students may submit additional pages to supplement their Community Service Report. Additional pages must be securely attached to CS form.