

**COMMUNITY SERVICE
WORK VERIFICATION FORM
NON-PROFIT ORGANIZATIONS ONLY**

Name of worker: _____ Case #: _____

Name of non-profit organization: _____

Address of non-profit organization: _____

Phone # of non-profit organization: _____

Work Schedule Hours:

Date	Time in	Time out	Total

Total Hours Worked

EVALUATION TO BE COMPLETED BY SUPERVISOR

	Excellent	Above Average	Average	Below Average	Poor
Does he/she follow instructions?	5	4	3	2	1
Does he/she turn out good quality work?	5	4	3	2	1
Does he/she do his/her fair share of the work?	5	4	3	2	1
Is he/she punctual?	5	4	3	2	1
Works well with others?	5	4	3	2	1
Does he/she require minimal supervision and direction?	5	4	3	2	1

Circle only one per row

*Signature of supervisor: _____ DATE: _____

*Printed name of supervisor: _____

**RETURN TO: WHITMAN COUNTY CLERK
PO BOX 390
COLFAX, WA 99111-0390
CLERK@CO.WHITMAN.WA.US**