



COLLEGE *of*  
CHARLESTON

GRADUATE SCHOOL  
UNIVERSITY OF CHARLESTON, S.C.

## Master of Science in Child Life Volunteer Experience Report

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Supervisor Name/Title

\_\_\_\_\_  
Email

\_\_\_\_\_  
Institution or Company Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Dates of Volunteer Hours

\_\_\_\_\_  
Total Number of Hours

### Primary Responsibilities

### Comments

### Overall Evaluation of Volunteer (circle one):

5	4	3	2	1
Exceptional	Very Good	Adequate	Some Difficulties	Did Not Meet Expectations

\_\_\_\_\_  
Supervisor Signature / Date