



_____ Student's Name

COMMUNITY CHRISTIAN SCHOOL

Out-of-School Community Service Hours Record

Instructions: please complete ALL sections of the form below and obtain the necessary signatures. Incomplete forms will NOT be accepted.

Community Service Activity

(In the space below, write a brief description of the nature of the out-of-school Community

- I. Service work that was done and how it benefits the people served.)

II. Community Service Hour Verification

Student's Name: _____

Name of Organization Served: _____ Phone # _____

Address: _____

Dates of Community Service: _____ Total Hours of Service: _____

Supervisor's Printed Name: _____

Supervisor's Printed Title: _____

Supervisor's Signature: _____

Student's Printed Name: _____ Grade: _____

Student's Signature: _____

Parent Signature: _____

Guidance Counselor Signature: _____

III. **Community Service Reflection** (your thoughts)

PRAISE - *What went well? What did you enjoy?*

CRITIQUE - *What did **not** go well? What did you not enjoy or what was a struggle for you?*

INSIGHT - *What did you learn? What would you do differently next time or if you were in charge? What might this experience tell you about your interests, strengths, or character?*
