



## **RECORD OF VOLUNTEER HOURS AND COMMUNITY SERVICE**

*Please complete a separate form for each different activity.*

Student Last Name	First Name	Graduation Year	Phone
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Name of Community Organization/Group
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Date of Service	Hours Completed that Date		Date of Service	Hours Completed that Date
Total Hours for this Activity:				

*Please complete the following questions about your volunteer/community service experience. Attach additional pages if you need more room to complete the following:*

<b>Preparation:</b> What did you do to prepare for your experience?
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<b>Action:</b> Briefly describe your actions during the experience. List and describe the skills you used and developed.
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<b>Reflection:</b> What did you learn about yourself or accomplish during this experience? How did this experience impact your life and the lives of others?
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<b>Student Signature:</b>	<b>Date:</b>
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*Section below is to be completed by the supervisor/director of the volunteer/community service experience:*

<b>Feedback on the student's experience:</b>
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Supervisor/Director Name:	Supervisor/Director Title:	Phone:
Supervisor/Director Signature:	Date:	Email:

For use by school coordinator	Date Received:	Notes:
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