



Community Service Timecard

Service Learning Hours
32 HOURS REQUIRED (8 hrs. per year)

Student's Last Name: _____ **First Name:** _____

Agency/Business: _____	Agency/Business: _____
Supervisor's Name: _____	Supervisor's Name: _____
Type of service: _____	Type of service: _____

This is a graduation requirement and must be completed for a non-profit organization through clubs, athletics, school, church, charity group and/or community activities. Students are not permitted to volunteer for parents. Please fill-out the questionnaire (see reverse side) and turn it in to the office as soon as possible. Make sure everything is fill out completely

REQUIRED: ATTACHED A PHOTO OF YOU & YOUR SUPERVISOR

Date	Hours Completed	Duties/Activity/type of work	Supervisor's signature
Total Hours:			

Note: By signing the above timecard, the supervisor is verifying that the student has completed those hours of service learning (community service).

Community Service Questionnaire

Service Learning Hours

Answer the questions below in two or more sentences.

1. What duties did you find most interesting?
2. What did you learn about helping others?
3. Name something positive about this experience? What did you enjoy doing?
4. What do you think you can add to your resume from this experience?
5. Why would you recommend this placement?
6. How many more hours you need to complete?

Student's Signature

Date