STATEMENT OF COMMUNITY SERVICE HOURS:

One Time Only Placement (& any service other than 30-hour project)

In order to fulfill all or a portion of your 50-hour Community Service Graduation Requirement, hours must be in direct service to a population of need. Please contact Ms. Archibald, US Community Service Coordinator, if you have questions.

Student’s Name: ___________________________________________ Class of _________

Project/Event: _____________________________________________

Agency/Location: ___________________________________________

Date(s) of Project: ___________ Date Submitted to Community Service Coordinator:_______

**Purpose of Project/Event:**

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**How did this project/event influence you and/or what did you get out of the experience?**

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**Would you recommend this project/event to other students? Why or why not?**

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

**Total Hours: __________**

Student’s Signature: _______________________________________

Agency/Event Supervisor’s Printed Name: ________________________

Agency/Event Supervisor’s Signature: ___________________________