



(HS)² Community Service Record

Student:

Event/Activity Details

Service Activity:

Date(s) : **if reoccurring event, please list all dates.*

Total Hours:

Summary of activity/service:

Event/Activity Coordinator Verification

Name:

Signature:

Date:

Contact information:

I certify that the information on this Community Service Record is honest and accurate. I understand that service performed for a family member is not applicable and that a family member may not sign as the activity director.

Student Signature

Date



(HS)² Community Service Reflection

Directions: Complete this reflection shortly after completing your service activity. This will provide you a reminder of your experience should you want/need to expand on it later on.

1. Describe your experience during this activity. Was it what you expected? What did you learn about yourself/others?

2. What was most rewarding about this activity?

3. What was most challenging about this activity?

Other notes about your experience: