

# HILTON HEAD ISLAND HIGH SCHOOL

## COMMUNITY SERVICE RECORD

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
Please Print

Supervisor \_\_\_\_\_ Grade \_\_\_\_\_

Supervisors Service Agency \_\_\_\_\_

Dates of Service Assignment \_\_\_\_\_ Hours Worked \_\_\_\_\_

Program to which hours should be applied \_\_\_\_\_

**(To be completed by the student) Write a clear description of your personal participation in this service activity, reflect on:**

- The extent to which you have personally developed as a result of the activity
- The benefit that you consider the activity was, or may be, to others
- The understanding, skills, and values that you have acquired

	

Signature of Student \_\_\_\_\_

I verify that \_\_\_\_\_ has successfully completed the duties assigned to him/her and deserves \_\_\_\_\_ hours of community service/volunteer credit, which may be used toward satisfying the requirements of one of the following programs:

*HONOR SOCIETIES, ROTC, BETA CLUB, INTERACT CLUB, INTERNATIONAL BACCALAUREATE, MAYORS AWARD*

Signature of Agency Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN A COPY OF THE COMPLETED FORM TO MS. O'SULLIVAN FOR OFFICIAL SCHOOL RECORD**