HILTON HEAD ISLAND HIGH SCHOOL
COMMUNITY SERVICE RECORD

Student Name________________________________________________ Date____________________

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

Hilton Head Island High School 70 Wilborn Rd Hilton Head, SC 29926