

EJSHS Community and School Service Verification and Reflection Form

Student Name: _____

Activity #1 (check one) School Community Number of Hours: _____
Date of activity: _____ Grade: 9 10 11 12
Type of work: _____
Supervisor/Faculty signature: _____
How does this service benefit others? (Write a minimum of 3 – 4 sentences.)

Activity #2 (check one) School Community Number of Hours: _____
Date of activity: _____ Grade: 9 10 11 12
Type of work: _____
Supervisor/Faculty signature: _____
How does this service benefit others? (Write a minimum of 3 – 4 sentences.)

Activity #3 (check one) School Community Number of Hours: _____
Date of activity: _____ Grade: 9 10 11 12
Type of work: _____
Supervisor/Faculty signature: _____
How does this service benefit others? (Write a minimum of 3 – 4 sentences.)

Activity #4 (check one) School Community Number of Hours: _____
Date of activity: _____ Grade: 9 10 11 12
Type of work: _____
Supervisor/Faculty signature: _____
How does this service benefit others? (Write a minimum of 3 – 4 sentences.)