

Campbellsport Community Service Opportunity Service Record

With description, and in sentences, please fill out the top portion of this form before asking the adult supervisor to sign.

Name (First and Last) _____ Grade _____ Number of hours _____

Date(s) of service _____ Date of form submission _____

**(must be turned in within one month of the service, or if after the first Monday in May, then by Sept 15th)*

Describe your service activity: What was is and how did your activity serve others?

How did serving others through this activity make you feel? Explain.

If you could, what would you do differently to make this experience better?

I certify that I performed the described activity for the time listed: _____

Student signature

To the adult supervisor: Please verify that the student listed at the top of the form completed the hours indicated through the service described.

Printed Name

Signature

Phone Number

Date

All sheets must be turned in to Blue/Gold teacher within one month of performing the service, any hours performed after the first Monday in May, must be turned in by Sept 15th. Please initial that this has been done. _____

Teacher's Initials that the form is completely filled out, the student hours have been put into Skyward, and the form will be filed in the Media Center. _____

You can find additional copies of this form on the Campbellsport High School web page or in the Media Center. Teachers, please turn in this form to Mrs. Rockelman after you have entered it into Skyward.