



# PHS COMMUNITY SERVICE COMPLETION FORM

Name: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Please provide the following information regarding your community service activity:

Organization / Individual Served: \_\_\_\_\_

Dates and Hours of Service: \_\_\_\_\_

Total # of hours: \_\_\_\_ if service is ongoing, attach a list of specific dates and hours.

Please provide the following signatures:

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Signature of Supervisor                              Date

**Required Summary and Response** Please reflect on this community service opportunity.

Minimum of two **TYPED** paragraphs about your experience, focusing on:

- What have you learned from this community service?
- How have others benefited from this community service?

**Within 8 weeks** of completing your service activity, fill out and submit this form to the College and Career Counseling Department. Forms submitted later than eight (8) weeks will receive only ½ credit provided the forms are presented within the academic year in which they were performed.

Remember, all community service activities must follow these guidelines:

1. The hours must be for the benefit of the community, not for the benefit of a profit-making business.
2. The service hours cannot be performed for an immediate or extended family member.
3. All community service must be performed without a material or monetary reward.

**\*\*Seniors: All community service hours must be submitted and logged by March 15th.**

OFFICE USE ONLY:

APPROVED / NOT APPROVED # HRS \_\_\_\_\_ DATE \_\_\_\_\_

Counselor Signature: \_\_\_\_\_