

WESTSIDE HIGH SCHOOL
COMMUNITY SERVICE

Student's Name: _____

Activity: _____

Service Supervisor: _____

Date(s): _____ No. of Hours: _____

Description of Service: _____

Principal/Counselor Signature: _____ Date: _____

Approved: _____ Not Approved: _____

FOLLOW UP

What benefits did you provide to your community?

What benefit did you receive through this experience?

Service Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____