

MAYFIELD HIGH SCHOOL COMMUNITY SERVICE PROGRAM

COMMUNITY SERVICE RECORD FORM

(To be handed into the Counseling Office upon completion)

Student's Name: _____ Class of: _____

Service Area: _____

(place, location, organization, etc.)

Supervisor Signature: _____ *

Supervisor's Phone Number: _____

Supervisor's Email: _____

* Forms submitted without a supervisor's signature will not be accepted for credit.

TIME CHART

[Note: Activity Supervisor must initial hours as they are completed]

Date	Activity	Time In	Time Out	Initials

TOTAL _____

IMPORTANT! ATTACHED TO THIS SERVICE SHEET SHOULD BE TWO THINGS: (1) A COPY OF THE PRE-APPROVAL EMAIL FROM YOUR COUNSELOR, AND (2) A ONE PAGE TYPED REFLECTION OF YOUR COMMUNITY SERVICE EXPERIENCE. *IF EITHER OF THESE ITEMS ARE MISSING, THESE HOURS WILL NOT BE COUNTED TOWARDS YOUR CUMULATIVE TOTAL.*

