

Signature School

Community Service Report & Reflection Form 2019-2020

Name _____ 1st Period Room Number _____ Graduation Year _____

Signature School's graduation requirement is 25 hours of service to school and community (in any combination) each year. Progress will be reported on semester report cards with "Pass" or "No Pass" at the end of every year.

Signature school defines community service as an unpaid and voluntary experience that provides a learning benefit. Students donate time and talent to non-profit causes, organizations, or groups from our list of community partners.

- Service can be educational, civic, or need-based in nature and is achieved through real, purposeful activities with meaningful outcomes.
- Students are encouraged to participate in a broad range of experiences in order to discover their interests/passions.
- Time spent with an organization to which a student belongs does NOT count toward the 25-hour requirement. This rule pertains to school clubs, Boy/Girl Scouts, religious or church activities, performances, etc. *Providing services* through these groups (ex: serving meals at a homeless shelter *with* a club) is acceptable.

You should seek out activities that are real and purposeful to you, whether in the Signature community or greater community, with significant outcomes that will push you to grow personally. We hope you will open yourself to new interests and learning, and we encourage you to engage personally with the individuals and groups you serve.

COMMUNITY HOURS	OR	SCHOOL HOURS
NAME OF APPROVED ORGANIZATION:		NAME OF STAFF MEMBER IN CHARGE:
EXACT NATURE OF WHAT YOU DID AND/OR NAME OF EVENT:		EXACT NATURE OF WHAT YOU DID AND/OR NAME OF EVENT:
DATE (If multiple, attach a log):		DATE (If multiple, attach a log):
NUMBER OF HOURS:		NUMBER OF HOURS:
WHO WAS THE ACTUAL BENEFICIARY OF YOUR SERVICE?		WHO WAS THE ACTUAL BENEFICIARY OF YOUR SERVICE?

To be filled in only by the adult who supervised this community service activity
MAY NOT BE A PARENT/GUARDIAN

Hours completed _____ Date _____

Printed Name of Adult Supervisor _____

Signature of Adult Supervisor _____ Title _____

Phone Number _____ Email _____

