



CommunityService Documentation Form

To be completed by student, initialed by Contact, and submitted to Community Service Coordinator.

Name _____

Class of _____ Grade _____

Date of Project _____

Today's date _____

Name of Service Project _____

Project Description (responsibilities, actions):

Project Coordinator/Contact _____

Contact info: _____

Hours completed (initialed by project contact) _____

Please take the time to write a brief paragraph or more about what this service experience meant to you personally. What were your initial expectations? Have these expectations changed? How? Why? How does your understanding of the community change as a result of your participation in this project? How can you educate others or raise awareness about this group or social issue?

Reflection: