

Helena Christian School
Student Community Service Hour Sheet

SCHOOL YEAR _____

Student's Name: _____

Quarter (Circle One) 1st 2nd 3rd 4th

GRADE _____

Date	Total Hours	Job/Activity	Supervisor's Name (Printed)	Supervisor's Signature (no parents signatures)	Supervisor's Phone Number

Student Signature: _____

****These forms can be turned in after each activity! You do not have to have all your hours on one sheet!!**

Supervisors:

Please Provide some specific feedback regarding the students work ethic, level of involment and interactions observed with individuals participating in activitiy.

Supervisor Name:

Comments:

If you would like to visit with a staff member please check here

Supervisor Name:

Comments:

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Supervisor Name:

Comments:

If you would like to visit with a staff member please check here

Students:

How are you a better person as a result of being involved in these community service opportunities?