

GRADUATING CLASS OF _____ Grade level when service completed:

Student ID# _____



HIGHLANDS RANCH HIGH SCHOOL
COMMUNITY SERVICE
CERTIFICATE OF SUPERVISION

_____ has provided community service with
(student name)
HRHS 8th Grade Student/Parent Night on January 27, 2016
(agency name) (date)
for _____ hours. (5:00-8:30, up to 3.5)

(Supervisor's Signature) (date) (phone)

All community service must be completed in hour increments. Community service work cannot take place during the regular school day. Students may not receive pay or academic credit for community service. Court-ordered or disciplinary service may not count for community service.

By signing below, I hereby give approval for my child to participate in this volunteer service to the community.

(Parent/Guardian Signature) (date)

WHEN THIS FORM IS COMPLETED, IT IS THE STUDENT'S RESPONSIBILITY TO RETURN IT TO THE COUNSELING OFFICE.

Please answer the following questions. This information provides assessment of the Community Service Program.

- I am a member of the graduating class of _____ at Highlands Ranch High School.
- The name of the organization I assisted is: _____
- This experience seemed:
_____ beneficial to me _____ not beneficial _____ no opinion
- I knew what was expected of me on the job: _____ yes _____ no
- My supervisor(s) was/were helpful to me: _____ yes _____ no
- As a result of this experience I would be willing to contribute additional time to community service:
_____ yes _____ no _____ unsure
- In one or two statements, please indicate what you learned about yourself or the community as a result of this experience.