

GRADUATING CLASS OF \_\_\_\_\_ Grade level when service completed:

Student ID# \_\_\_\_\_

**National  
Honor  
Society**

**HIGHLANDS RANCH HIGH SCHOOL  
COMMUNITY SERVICE  
CERTIFICATE OF SUPERVISION**

\_\_\_\_\_ has provided community service with  
(student name)  
**Trick or Treat Street** on **10/29/15**  
(agency name) (date)  
for \_\_\_\_\_ hours. **(4:15-8:15, up to 4)**

\_\_\_\_\_  
(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.

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