



Crown Point High School Community Service Form

Student Name: _____ (please print) **Graduation Year:** _____

This form must be completed in its entirety

1 Community Service Provider Section

Community or Volunteer Service Organization: _____

Supervisor's Name: _____

Company/Employer Address: _____

Company/Employer Phone #: (_____) _____

Date of the Community Service Activity: _____

Total # of Hours Served: _____

Community Service was Voluntary? Yes No

Does/Did the Student Exhibit Good Employability Skills? Yes No

What Type of Community Service was Completed? _____

The information provided in this section is an accurate reflection of the number of hours and type of community service performed by the student.

Supervisor's Signature: _____ Date: _____

2 Student Section (Please provide a reflection of your community service or volunteer experience)

Please describe how this experience has impacted you educationally or how it relates to you strengthening your employability skills.

Please describe how your involvement benefitted the community service organization.

The community service performed relates to the Indiana Academic Standard 5 for United States Government (Roles of Citizens in the United States). I will utilize the skills learned from this activity to continue to contribute to the well-being of my community.

Student Signature: _____ Date: _____

Once I fulfill the 40-hour requirement, I would like to earn credit for my community service experience(s).

Counselor Signature: _____ Date: _____