

AMESBURY HIGH SCHOOL COMMUNITY SERVICE FORM

Student's Name (please print) _____

Year of Graduation _____ # of hour's _____

Date of Service _____

Contact Person _____

Phone # _____

Detailed description of service performed.

Supervisor's Signature _____

Student's reflective response: What did you learn from providing this service? How did the receiver benefit?

Date Received _____

Date Recorded _____

Used for NHS _____

If not acceptable-reason _____