

JACKSON HOLE COMMUNITY SCHOOL

Completed Independent Community Service Hours

Name of Student _____ Class _____ School Year _____

Organization _____

Name of Contact at Organization _____

Phone # and/or Email for Contact _____

Date Worked	Hours Worked	Activity Done	Contact Initial

Total Hours: _____

Description of Services _____

Contact Signature _____ Date _____

Reflection Questions (to be answered by student):

1. List two things you learned from volunteering for this organization.

i.

ii.

2. What is one way this organization contributes to our community?

3. Would you recommend this organization and/or project(s) to other students? Why or why not?

Thanks for taking the time to complete this form!