

Garces Memorial High School  
**Student Service Involvement Form**

Please Print Clearly

Student's Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Agency Served: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Student: HOURS WILL NOT BE RECORDED IF THE BELOW INFORMATION IS NOT COMPLETED

-Please describe the service in which you participated. How did this activity help the community and how did you feel about what you accomplished?

TO THE SUPERVISORS: Please sign to verify the student's participation in the above activity AND write the total hours served. Comments are welcome!

Supervisor's Name: \_\_\_\_\_ TOTAL HOURS SERVED \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Contact # \_\_\_\_\_

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