

Signature School

COMMUNITY SERVICE REPORT & REFLECTION FORM, 2015-2016

Name: _____ 1st period Rm. _____ Graduation Year: _____

Signature School's graduation requirement is 25 hours of service to school and community (in any combination) each year. Progress will be reported on semester report cards with "Pass" or "No Pass" at the end of the year.

COMMUNITY HOURS	SCHOOL HOURS
Name of Approved Organization:	WHO? Name of Staff Member:
WHAT did you do? Name of Event:	WHAT did you do?
WHEN? Date - If multiple, attach a log.	WHEN? Date - If multiple, attach a log.
Number of Hours:	Number of Hours:
WHO was the actual beneficiary of your "help?"	WHO was the actual beneficiary of your "help?"

Signature School defines Community Service as:

- Assistance given to persons in need or causes who would not be able to help themselves or others without the assistance of volunteers like you. You should seek out activities that are real and purposeful to you, whether in the Signature community or greater community, with significant outcomes that will extend you as an individual. We hope you will open yourself to new interests and learning, and we encourage you to *personally* engage with the populations you serve.
- Assistance donated to SIGNATURE SCHOOL staff/fundraising events/support for Sig programs, which will not appear on a student's transcript or resume. Note: Sig performance/sports/competition hours will not be counted as service.
- Assistance donated (non-paid) to Sig-approved non-profit organizations (see the list of Signature School approved organizations on the lobby bulletin board or Sig website). Note: Hours donated to clubs/personal groups, religious or church activities, performance/sports activities, and service to private individuals will not be counted for Sig service hours.

To be filled in only by the adult supervising this community service activity:

I personally supervised the service performed by this Signature student. I attest that I am not a member of the student's family, and that the student donated _____ hours.

Printed Name of adult supervisor _____ Date: _____

Adult Signature: _____ Title _____

Contact info (phone, e-mail) _____

