



Holy Spirit
EPISCOPAL SCHOOL

HSES Community Service Program

Hours Recognition Form

_____ has completed _____ hour(s) of service work.
Student Name

Name of Service Organization or Individual Date of Service

Printed name of Organization's Supervisor (or reliable adult in charge of the event)

Signature of Organization's Supervisor (or reliable adult in charge of the event)

Phone # and Email of Organization's Supervisor or reliable adult to contact for verification

Information for the Organization's Supervisor:

Please keep in mind, as you fill out the Hours Recognition form, that you should list the actual amount of hours worked, not the travel time, lunch breaks, etc. And feel free to contact avlynch@hses.org 713-468-5138 #283 with any questions or comments.

Questionnaire for Student:

What specific kinds of community service work did you provide?

What did you learn as a result of providing this community service? (Tell us about the organization, individual, work, impact, etc.)

Why did you choose this kind of community service?

Would you volunteer here again? Why or why not?

Is there anything that you would change about your involvement in this community service?