

KAMEHAMEHA SCHOOLS MAUI CAMPUS



270 'A'APUEO PARKWAY
PUKALANI, HI 96768

COMMUNITY SERVICE VERIFICATION FORM

(STUDENT FILLS OUT THIS PORTION)

NAME: _____ CLASS OF: _____ SCHOOL YEAR: 20__ - 20__

NUMBER OF HOURS SPENT AT AGENCY: _____ ACTIVITY DATE: _____

NAME OF AGENCY: _____

SUPERVISOR IN CHARGE: _____ PHONE CONTACT: _____

DESCRIBE DUTIES OR RESPONSIBILITIES: _____

AGENCY VERIFICATION (SUPERVISOR OF AGENCY FILLS OUT)

DUTIES AND RESPONSIBILITIES: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

CONTACT NUMBER: _____

COMMENTS: _____

DO NOT WRITE BELOW THIS LINE.

VERIFICATION BY COUNSELOR OR SCHOOL OFFICIAL

NAME OF PERSON CONTACTED: _____ PHONE NUMBER: _____

COUNSELOR APPROVAL OF ACTIVITY: _____ DATE: _____

“The best test, and the most difficult to administer is: Do those served grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants?”

*-Robert Greenleaf
Servant Leadership*

SERVICE REFLECTION

(Please answer the following questions before submitting the service form)

- 1. What parts of this project did you enjoy most?**

What about this project did you enjoy least?

- 2. Make a list of the skills you used and new skills you learned on this project?**

Skills I used -

New skills I learned -

- 3. Describe a person you met on your project. What are their attitudes about the project, where might those attitudes have come from?**

- 4. Summarize the most important things you will take with you from the experience?**

- 5. How did participating in this project make you feel?**