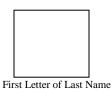
## SERVICE HOURS APPLICATION



Name	Year of Graduation
(Please print your name & include middle initial)	
Location of Service Hours	
Total Number of Hours Served: Date(s) of Hou	urs Served:
• Did you volunteer for this service?	Yes No
• Were you paid for this service?	Yes No
• Did you receive credit for a class for doing this service?	? Yes No
As you reflect on your service, how has this service been of	f benefit to you & your community?
Supervisor Statement: How did the Service Hours Perform	ned benefit your community?
1311	
Adult Authorization	Phone Number

Riverside Brookfield High School values service, which is voluntarily answering the needs of the community within and beyond RB.

For grades 9-11, please turn your completed service hour forms into the Main Office.

If you are a SENIOR and would like your transcript updated immediately, see Ms. Englehart