

# SERVICE HOURS APPLICATION

First Letter of Last Name

Name \_\_\_\_\_ Year of Graduation \_\_\_\_\_

*(Please print your name & include middle initial)*

Location of Service Hours \_\_\_\_\_

Total Number of Hours Served: \_\_\_\_\_ Date(s) of Hours 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

Describe the hours served, include any training:

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As you reflect on your service, how has this service been of benefit to you & your community?

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Supervisor Statement: How did the Service Hours Performed benefit your community?

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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*

