

Name: _____ Date: _____

Grade: _____ Homeroom: _____

Community Service Reflection Form

NUMBER OF HOURS OF SERVICE PERFORMED ____ DATE OF SERVICE _____

Please respond to the following questions by writing complete sentences. Return to Mrs. Wlodarczyk – Room 212. What volunteer activity did you participate in?

1.) What did you do as a volunteer, in this activity?

2.) What did you learn from volunteering your time and talents to this event? Why do you think it is important to volunteer your time in this event?

3.) How did you help the community, school, or church in this activity?

Name, signature, & contact information of adult leader/supervisor of volunteer work

Print name

e-mail or phone number

Signature

Date

Comments (optional):
