KAMEHAMEHA SCHOOLS MAUI CAMPUS

270 'A'PUUEO 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?