

# Houston Academy: School Community Service Form

## PREAPPROVAL PROCESS:

Note: *This form must be completed and approved PRIOR to completing any service outside of our school-sponsored partnership or school sponsored/promoted events.*

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Organization: \_\_\_\_\_

Location: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Description of SERVICE to be performed and your individual role: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director of Service Learning Signature  
Or Head of Upper School Signature

\_\_\_\_\_  
Date

**\*Please note that this form should be completed and handed in immediately upon completion of the Service Activity. Forms that are not handed in within one month of the date of the service activity will not be accepted.**

## POSTSERVICE REPORT:

Date of Community Service: \_\_\_\_\_

Number of hours: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Signature of Org. Rep.: \_\_\_\_\_

Cell # \_\_\_\_\_

Please write a paragraph reflecting A) What you did. B) What you learned from your experience. C) How your service impacted others including yourself. : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Director of Service Learning Signature:**

**Date:**

Please Note:

\*Cut-off date to turn in Summer hours is August 31, 2018.

\*Cut-off date to turn in all other hours is one month after the activity was performed.

\*Cut-off date to turn in yearly hours for awards will be May 1, 2019. Any hours turned in within a month of the activity but after May 1, 2019 will count toward service requirements but will not count towards awards.