NOTE: This form must be signed by Mr. Calton BEFORE the service is performed. After the service is performed, attach this form to your completed Service Hour Form signed by the event supervisor and turn them in to Room 201.

STUDENT’S NAME: ___________________________________ CLASS OF: ______

Check one of the following that best describes your service:

_____Service to Trinity  _____Service to Church or Community

Where will you perform the service?

In the space below, describe the service you will perform:

Estimated date(s) of the service: ________________________________

Estimated hours of service: ________

Number of hours approved: ________

__________________________________________
Signature of Director of Service Learning
(Mr. Calton)
TRINITY HIGH SCHOOL
SERVICE HOUR FORM

STUDENT'S NAME: ___________________________________________ CLASS OF: ________

Check one of the following that best describes your service.

_____Service to Trinity High School  _____ Service to Church or Community

Where did you perform the service?

In the space below, describe the service you performed:

Date(s) of the service: ____________________________

Hours of Service: ____________  (Pre-Approval needed for more than 10 hours)

Signature of Supervisor  Phone Number/ Email Address  Date

Answer the following reflection questions regarding the service you performed.

1. What made you choose to do this particular service?

2. What did you learn in doing this service?

3. Who benefited from your service, and HOW did they benefit?

RETURN YOUR COMPLETED SERVICE HOUR FORM TO ROOM 201 WITHIN ONE MONTH OF PERFORMING THE SERVICE. FORMS FOR SERVICE COMPLETED OVER THE SUMMER MUST BE TURNED IN WITHIN A MONTH OF RETURNING TO SCHOOL.