



# Upper School Community Service Record Form

2929 W Waikiki  
Spokane, Wa  
99208  
(509) 466-1636x303

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

Advisor \_\_\_\_\_

Grade \_\_\_\_\_  
Check ( ) if information continued on back

Date of the  
event or project: \_\_\_\_\_

Organization Name  
\_\_\_\_\_

Contact Person for Organization  
\_\_\_\_\_

Phone Number  
\_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

**In a short paragraph, describe your project or duty:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Hours Completed:** \_\_\_\_\_  
(To nearest 1/4 hour)

**Clearly write down your reaction and opinion of your experience and if you would recommend this to fellow students (Required):**  
(Please do a good job. Use the back if you need more space)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_