Service Form

Canton High School Community Service Learning

Name:			Year of Graduation:	
Date of Se	ervice:		<u>.</u>	
	Activity:			
				<u>.</u>
Total hour	s served:	<u>.</u>		
Profession	nal Supervisor:		<u> </u>	·
		Signature		Telephone No.
	ck side of this st clude the followi	neet write a reflection	of your Community	Service experience.
		what you did today.		
		bout your community? from this service learning	na appartunity?	
	•	n this service learning a	0	ain?
	Return Co	mpleted Form to the 0	Career Center for Ap	proval
Journal Ap	proval <u>:</u>		<u>.</u>	
		Signature		