

Oregon High School – Service Hour Documentation

Name:		Grade:
Service Project	Supervisor Signature <small>(Parent's Signatures are not accepted)</small>	Service Hours
Total number of hours:		

Please turn this form in once you have completed 10 hours of service to Student Services

Once you have acquired 10 hours of service please briefly answer these questions about your experience.

1.) Why was the service you provided important?

2.) What did you learn from this experience?

Student Signature: _____

Parent Signature: _____