



# Raisbeck Aviation High School

## Community Service Hours

School Year: \_\_\_\_\_

Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_ Advisor: \_\_\_\_\_

Date	Time(s)	Total Hours	Tell us what you did	Supervisor Name & Contact Information
Total Hours			Student Electronic Signature: _____ Date: _____	
			Parent/Guardian Electronic Signature: _____ Date: _____	

When complete email to Ms. Olsen at [renee.olsen@highlineschools.org](mailto:renee.olsen@highlineschools.org)