

# Dover Sherborn High School Community Service Form

Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Date(s) of your service: \_\_\_\_\_ Number of Hours Served: \_\_\_\_\_

*Community Service forms must be turned in for approval within 1 calendar year.*

**Community Service Activity (no more than a sentence):**

*Be specific! Example: "Worked at the Face Painting table at Dover Days," NOT simply, "Dover Days"*

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**Community Service Organization:** \_\_\_\_\_

**Community Service Contact(s) or Advisor(s):** \_\_\_\_\_

**Contact phone number or e-mail:** \_\_\_\_\_

**Community Service Contact or Advisor(s) Signature:** \_\_\_\_\_

*You may attach an email confirmation in place of the above contact signature.*

I have read the Community Service Guidelines and understand the difference between primary and secondary beneficiaries of the service activity. Please refer to these Guidelines if you have any questions.

**Please complete the following community service reflection questions:**

**1. Who/what was the *primary* beneficiary/recipient of your service?**

**2. What was your specific role and how did your service benefit the community?**

**3. Is this service related to other service projects or other organizations that you belong to? (i.e., service towards Eagle Scout project, volunteering towards Confirmation, etc.) If yes, please explain.**

**(Reflection) What have you learned about yourself during this service? (Please elaborate)**

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**DSHS Community Service Director Approval Signature:** \_\_\_\_\_

*Please make a copy of this form before you turn it into the DS Guidance Department!*