





**FLVS  
Full Time  
High School**

## **Community Service Hours Student Reflection & Approval Form**

Student name:

Organization name:

Cumulative hours completed:

Which social issue did you choose and why?

Brief description of community service activity:

Reflecting on your experience, what did you learn and/or what did you accomplish while giving back to this organization? What was the overall impact on the social issue?

**Once hours are completed, please submit this form (both pages) along with your student community service pledge sheet to your school counselor.**

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### **Approval Information**

Counselor Name: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_