

# KAMEHAMEHA SCHOOLS MAUI CAMPUS



270 'A'APUEO PARKWAY  
PUKALANI, HI 96768

## COMMUNITY SERVICE VERIFICATION FORM

*(STUDENT FILLS OUT THIS PORTION)*

NAME: \_\_\_\_\_ CLASS OF: \_\_\_\_\_ SCHOOL YEAR: 20\_\_ - 20\_\_

NUMBER OF HOURS SPENT AT AGENCY: \_\_\_\_\_ ACTIVITY DATE: \_\_\_\_\_

NAME OF AGENCY: \_\_\_\_\_

SUPERVISOR IN CHARGE: \_\_\_\_\_ PHONE CONTACT: \_\_\_\_\_

DESCRIBE DUTIES OR RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
**AGENCY VERIFICATION (SUPERVISOR OF AGENCY FILLS OUT)**

DUTIES AND RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE.  
.....

### VERIFICATION BY COUNSELOR OR SCHOOL OFFICIAL

NAME OF PERSON CONTACTED: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

COUNSELOR APPROVAL OF ACTIVITY: \_\_\_\_\_ DATE: \_\_\_\_\_

***“The best test, and the most difficult to administer is: Do those served grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants?”***

***-Robert Greenleaf  
Servant Leadership***

## **SERVICE REFLECTION**

*(Please answer the following questions before submitting the service form)*

**1. What parts of this project did you enjoy most?**

**What about this project did you enjoy least?**

**2. Make a list of the skills you used and new skills you learned on this project?**

**Skills I used -**

**New skills I learned -**

**3. Describe a person you met on your project. What are their attitudes about the project, where might those attitudes have come from?**

**4. Summarize the most important things you will take with you from the experience?**

**5. How did participating in this project make you feel?**