

Service Hours Application

First Letter
of Last Name

Name _____ Year of Graduation _____

Total Number of Hours Served: _____ Date(s) of Hours Served: _____

- Did you volunteer for this service? _____ Yes _____ No
- Were you paid for this service? _____ Yes _____ No
- Did you receive credit for a class for doing this service? _____ Yes _____ No

Describe the hours served, include any training:

As you reflect on your service, how has this service been of benefit to you & your community?

Adult Authorization _____

Phone Number _____

Riverside Brookfield High School values service, which is voluntarily answering the needs of the community within and beyond RB.

