

**IRVINE HIGH SCHOOL Community Service Recognition Form
INTEGRITY, HONOR AND SOCIAL RESPONSIBILITY**

Student Name (please PRINT) _____

"Short" ID Number: _____

Graduation Year: _____

Please record ALL community agencies you have served. Please turn in ONE service form. Turn in this form to the IHS Upstairs Office when ALL 25 hours have been completed, no later than June 2, 2017. FAXED FORMS WILL NOT BE ACCEPTED. Please make a copy for your personal records before submitting.

Community Agency Served	Duties	Date(s) Served	Total Number of Hours	Name of Supervisor (Printed)	Supervisor (signature)
Grade Total of Hours:					

Please provide a reflective paragraph on how your community service experience has allowed you to better understand the importance of Social Responsibility and how you and your community have benefitted:
