

QHS Advisory Service –Sophomore Year

(10 hours required: Hours must be School Hours or Community Hours)

Student Name: _____

Service Project: _____ (what did you do)
What I learned: _____ _____
Supervisor Name: _____ Supervisor Signature: _____
Date: _____ Hours: _____ Supervisor Phone #: _____

Service Project: _____ (what did you do)
What I learned: _____ _____
Supervisor Name: _____ Supervisor Signature: _____
Date: _____ Hours: _____ Supervisor Phone #: _____

Service Project: _____ (what did you do)
What I learned: _____ _____
Supervisor Name: _____ Supervisor Signature: _____
Date: _____ Hours: _____ Supervisor Phone #: _____