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 #: __________________