QHS Advisory Service – Junior Year
(20 hours required: Hours must be School 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 #: __________________