QHS Advisory Service – Senior Year
(30 hours required: Hours must be 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 #: ___________________

Service Project: ______________________________________________________________

(what did you do)

What I learned:
________________________________________________________________________
________________________________________________________________________

Supervisor Name: ___________________ Supervisor Signature: ___________________

Date: ___________ Hours: ___________ Supervisor Phone #: ___________________