

QHS Advisory Service – Senior Year

(30 hours required: Hours must be Community Hours)

Student Name: _____

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

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

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