

General Service Questions

Name _____ Homeroom _____

<p>I, _____, am signing this form to verify that (name of person receiving service)</p> <p>_____ completed _____ (student's name) (#)</p> <p>hours of service work at _____ on _____ (name of organization or where service was completed) (date)</p> <p>X _____ (signature)</p>
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Thank you for completing your service requirement for this quarter. In order to receive full credit, please answer the following questions in paragraph form with a minimum of 5-6 sentences for each answer. Please attach your answers to this sheet. Also, please remember to have your sheet signed by the person whom you served. (That person might be the director of the organization or the person that you served directly. The person signing this form should not be a immediate family member.)

Place of Service: _____

- 1.) Name three things that stuck in your mind about the service experience.

- 2.) How were you different when you left the service site compared to when you entered?

- 3.) How does this experience compare to others you've had?

- 4.) What connections do you see between this experience and what you've learned in your classes?

- 5.) How did this experience challenge your assumptions and stereotypes?

- 6.) How would you do things differently if you were in charge (or if you were in charge, how would you do things differently if you were to do this service again)?