

Collegiate Academy Community Service Form

Northwest Pennsylvania Collegiate Academy

2825 State Street

Erie, Pennsylvania 16508

(814) 874-6300

Fax: (814) 874-6307

Name: _____ Homeroom _____ Grade: _____

Agency/Institution

Where Service Performed: _____

Type of Service Performed: _____

Date(s) and Hour (s) of Service Performed: _____

(Signature of Site Supervisor)

(Title)

(Date)

A student "reflection" must accompany all community service hours. This reflection is your personal response to what you have learned in performing the service and how you feel about the service you have performed. The reflection should be no longer than a page and should be attached to this form.