

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.