

Verified by: _____ Date: _____
Guidance Counselor

RYE HIGH SCHOOL COMMUNITY SERVICE FORM

Student Name _____ Phone # _____

Student Address _____

Year of Graduation _____

Agency _____ Agency Supervisor _____
(signature)

Agency Phone Number _____

Dates Worked _____ # of hours worked _____

Description of Activity _____

| | Excellent | Good | Satisfactory | Poor | Comments |
|------------------|-----------|------|--------------|------|----------|
| Reliability | | | | | |
| Honesty | | | | | |
| Appearance | | | | | |
| Public Relations | | | | | |