## RANKIN COUNTY SCHOOL DISTRICT SERVICE HOURS VERIFICATION FORM

Student Name:	ident Name: Date:			
Home Address:				
Home Phone:	me Phone: Graduation Year:			
Service Project Location:				
Description of Service Performed:				
Date(s) Service Performed	Corresponding # Hours Worked			
	I			
TOTAL # HOURS SERVED IN THIS SERVICE _				
Adult Supervisor's Signature				
Phone:	Date:			

(It is the STUDENT's responsibility to maintain the service hours form.)

## RANKIN COUNTY SCHOOL DISTRICT REFLECTION on SERVICE PERFORMED

Rate the following about your service experience on a scale from 1 to 5 (5=highest level of agreement with statement; 1 = lowest level of agreement with statement)

1.	I have enjoyed my service experience with this project:	5	4	3	2	1
2.	I had enough work to do:	5	4	3	2	1
3.	I would recommend this project to other student volunteers:	5	4	3	2	1
4.	I found my work to be interesting:	5	4	3	2	1
5.	The work I did was important:	5	4	3	2	1
6.	I learned a new skill:	5	4	3	2	1
7.	I learned things that could help me in my future career:	5	4	3	2	1
8.	I was given a reasonable amount of responsibility:	5	4	3	2	1
9.	My work was appreciated:	5	4	3	2	1
10.	I feel I was helping to improve my school/community	5	4	3	2	1
11.	My suggestions were listened to and respected	5	4	3	2	1
12.	What was the most rewarding or satisfying about your service experience?					
13.	What was the most difficult aspect about your service experience?					
14.	What did you learn about yourself and others by doing this work?					
15	Additional Comments:					