

Covington Latin School's Community Service Program 2011-2012

Please submit this form as soon as possible after the service event to
Mr. Krebs or his faculty room mailbox.

Name: _____

Type and Place of Service: _____

Date and Times of Event: _____

Number of Hours Served: _____

Signature of Server: _____

Signature of Authorized Person: _____

Signature of Parent: _____

Description of Service:

Why did you choose this particular service experience?

What personal gifts or skills did you bring to this service experience? How were these gifts and skills enhanced by this service experience?

What did you learn about yourself from this service experience? _____
