

STUDENT NAME: \_\_\_\_\_ Grade 9 10 11 12 GRADUATION YEAR \_\_\_\_\_

MAGGIE L. WALKER GOVERNOR'S SCHOOL FOR GOVERNMENT & INTERNATIONAL STUDIES  
COMMUNITY SERVICE REPORT FOR COMMUNITY MEMBERS

Dear Community Member:  
As part of the MLWGS mission to prepare students to be leaders in the community, our students are required to volunteer 140 hours over four years as part of their graduation requirements. To date, these efforts have resulted in hundreds of thousands of voluntary service hours to a wide array of groups, organizations, and institutions in the Greater Richmond Area. Thank you in advance for allowing \_\_\_\_\_ to contribute to your organization. Please complete the following to certify the student's participation (please print neatly):

Group/Organization/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Service(s) Performed: \_\_\_\_\_  
\_\_\_\_\_

Date of Service: \_\_\_\_\_ Time of Service: \_\_\_\_\_ Total hours: \_\_\_\_\_  
(For extended dates and times, please use tracking sheet on back of form) (LIST TOTAL HOURS)

SITE SUPERVISOR Name (please print neatly): \_\_\_\_\_

Title: \_\_\_\_\_ CONTACT Number: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

**PLEASE VERIFY HOURS BEFORE SIGNING OFF (i.e., do not sign a blank form)**

The student's work was (circle one)

Poor	Average	Good	Excellent
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Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT (PLEASE WRITE LEGIBLY; ALTERNATIVELY, YOU MAY TYPE YOUR RESPONSE AND ATTACH IT TO THIS FORM):

1. For what purpose did you select this community service activity?
2. Describe how you think your experience made a positive impact on your community.
3. Through this experience, what have you learned about yourself or your community?

IN NARRATIVE FORMAT):

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CONTACT: Amy Maxey, Community Service Coordinator, MLWGS, 1000 N. Lombardy Street, Richmond, VA 23220  
COORDINATOR APPROVED: \_\_\_\_\_

PLEASE NOTE: FALSIFYING HOURS, SIGNATURES, OR IN ANY WAY ATTEMPTING TO GAIN COMMUNITY SERVICE HOURS IN AN INAUTHENTIC MANNER IS A VIOLATION OF MWGS HONOR CODE. IT ALSO PUTS A CLOUD OVER THE INTEGRITY OF THE MWGS PROGRAM. THINK HONORABLY, ACT HONORABLY.

COMMUNITY SERVICE TRACKING FORM

STUDENT NAME: \_\_\_\_\_ (PLEASE PRINT NEATLY)

Date	Hours Worked	Total Hours for the Day	Location of Service Performed	Supervisor Initials
08/15/14	10:00 a.m. – 12:00 pm 12:30 pm – 3:00 pm (note: you may only count the hours that you actually worked; this does not include lunch or breaks)	4.5 hours (assuming 30 minutes for lunch and no breaks)	Comfort Zone Camp	

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<b>TOTAL HOURS EARNED</b>		
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