



Community Service Council Monitoring Sheet

Name: _____ Graduation Year: _____

Agency Name: _____

Start Date: _____ End Date: _____

Description of activity to earn hours:

Total Hours Worked: _____ (Please DO NOT include travel time, sleep time, meal time, free time etc.)

Note to Supervisor: Please contact Kristen Toney, CSC Faculty Advisor by email toneyk@hpsd.org if you have any comments, suggestions or concerns from your experience with the Highland Park High School Community Service Program and/or its participants.

Supervisor's Name: _____ Supervisor's Signature: _____

Supervisor's Phone Number: _____ Supervisor's Email: _____

Note to student: You (the student) are responsible for submitting your service hours in a timely manner, within **30-days**, to the CSC website www.hpcsc.com following the completion of the project in order to guarantee credit. Please remember that you are responsible for submitting your hours, having this form properly filled out and saved for your records. You must retain this sheet to verify hours.

I pledge that the above information represents an accurate record of my community service work.

Student Signature: _____ Date submitted on-line: _____

Log on to www.hpcsc.com to submit your hours.