

PEMBROKE PERFORMANCE PROJECT
COMMUNITY SERVICE WORKSHEET
(one activity per sheet please)

Name: _____
Year of Graduation: _____
Date(s) of Service: _____
Hours Claimed: _____
Activity Supervisor Name: _____
Activity Supervisor Signature: _____
(Please obtain either signature or attach letter of verification)

OFFICE USE ONLY

Date reviewed: _____
Authorization: _____
Hours Approved: ____ Denied: ____

One of the goals of the Pembroke Performance Project is to enhance school/community relations by producing successful, independent learners and contributing community members. All students are required to do community service to graduate. Community service is defined as a service to a “community” of people. This service should aid or enhance this “community.” Due to COVID restrictions, for hours earned from Spring 2020-Spring 2021, the benefactor may be immediate family members of the student.

Please describe the activity you participated in. Be sure to address **WHY** you chose this activity, **WHAT** was done, and **HOW** it benefited others.

Explain what you learned/gained from this experience. If given the opportunity, would you do it again? Why/Why not?
