

Print & complete this form and return it to the Service Learning Coordinator at your school within two weeks of completing the service.

SUMMER ROUNDUP



RECORD OF VOLUNTEER HOURS FOR SUMMER ROUNDUP GIRL SCOUT CAMP

Please complete a separate form for each different activity.

Student Last Name	Student First Name	Graduation Year	Phone
-------------------	--------------------	-----------------	-------

Dates of Service: July 27, 2019-August 2, 2019	Hours Completed: 84
--	---------------------

Please complete the following questions about your volunteer/community service experience. Attach additional pages if you need more room to complete the following:

Preparation: What did you do to prepare you for your experience at camp?

Action: Briefly describe your actions and responsibilities during the week. List and describe the skills you used and developed.

Reflection: What did you learn about yourself or accomplish during this week? How did this experience impact your life and the lives of others?

Student Signature:	Date:
--------------------	-------

Supervisor: Amy M. Schisler	Title: Director	Phone: 410-725-1693
Supervisor: 	Date: 8/2/2019	Phone: summerroundup@gmail.com

For use by school:	Date Received:	Notes:
--------------------	----------------	--------