

2016-2017

KAMEHAMEHA SCHOLARS  
REPORT OF COMMUNITY SERVICE HOURS  
PRESIDENT'S VOLUNTEER SERVICE AWARD—GRADES 9-12

Please report any volunteer hours completed on your own using this form. All service hours completed between May 1, 2016 and April 30, 2017 may be reported. Please turn in all forms to Kamehameha Scholars by May 19, 2017. Service completed at one organization over several dates may be reported on ONE form.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Region:  O'ahu  Maui  Kaua'i  West Hawai'i  East Hawai'i

Scholars: Please complete Part A and have your supervisor sign Part B below to acknowledge your volunteer service. A parent may sign in the event that your supervisor is unavailable. If you have questions about the type of volunteer service that is eligible for reporting to the Kamehameha Scholars program, please see the flyer titled, "What Is Considered Community Service?."

Part A (To be completed by scholar—please complete ALL areas!)

Please provide the name of the organization, group, site, or individual that benefitted from your service. (For example, if your high school KEY club performed a service activity at Paepae O He'eia, the benefitting organization is Paepae O He'eia, not the KEY club. Or if your ROTC group managed parking services at a high school football game, your *high school* is the benefitting organization.)

Benefitting Organization: \_\_\_\_\_ Starting Date of Service: \_\_\_\_\_ Total Hours Completed: \_\_\_\_\_

Provide a DETAILED description of the service activity you performed: (For example, "I cleared invasive limu from the fishpond, gathered it, and bundled it into bags for the fishpond to give away as fertilizer." Or, "As a youth leader, I led the children in various activities, managed their behavior, and made sure they were safe.")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part B (To be completed by adult supervisor OR parent)

I acknowledge that the information provided above is true and correct to the best of my knowledge, and that the Scholar did not receive any compensation for his or her volunteer work (wages, stipend, room and /or board, etc.). I also confirm that none of the volunteer work shown above was done in service for any member of the Scholar's 'ohana, or for an organization owned by the Scholar's 'ohana.

\_\_\_\_\_  
 Supervisor's Signature OR  Parent/Guardian's Signature Date: \_\_\_\_\_

\_\_\_\_\_  
 Supervisor's Name (Please Print) OR  Parent/Guardian's Name (Please Print)



