



ACHIEVE Community Service Documentation Form

(NHS Forms are also accepted)

Student Name: _____ High School: _____ Graduation Year: _____

Date or Time Frame (Jan 2024- June2024)	Name of Event/Organization	Name of Employer/Adult (someone who can verify your hours)	Employer/Adult Contact Info (phone or email)	Number of Hours

Counselor Name: _____

TOTAL Career Exploration Experience Hours: _____