



Hingham High School  
Counseling Department  
**ACTIVITY SHEET**

Name:

YOG:

Phone:

Preferred Email:

Extracurricular, Personal and Volunteer Activities: (including summer)

Activity	Years involved				Hours per week	Weeks per year	Position Held	Plan on doing this after High School?
	9	10	11	12				
	9	10	11	12				
	9	10	11	12				
	9	10	11	12				
	9	10	11	12				
	9	10	11	12				
	9	10	11	12				
	9	10	11	12				
	9	10	11	12				

Work Experience:

Position Held	Employer	Dates of Employment	Hours per Week

Academic Honors: