SERVICE PROJECT FORM

Name_____

Date_____

Location of project: _____

Description of service project and what impacted you most about the project?_____

_____

_____

_____

_____

Signature of Supervisor: _____

COMMUNITY SERVICE HOURS

Student Name:_____

Each Confirmation Participant is required to complete a total of 20 hrs

Date	Service	Hours Completed	Signature & Contact number