

8th Grade Request for Community Service Project Approval
 Reporting Completed Community Service Hours
 Please fill in form clearly.

Name:
Address:
E-mail:
Phone Number:
CCD Student: Grade: 8th Room No.: Confirmation 2019

Service Project Proposal:
Give a Short Explanation: (ie. Who would it help or benefit? Is it with a group? Amount of time to do project? Who would sign-off upon completion?)

Total Service Hrs. Completed: _____ Date of Service: _____
If there are multiple dates involved for this project, please list individual dates and number of hours on reverse side.

Completion of Service Hours: _____
Signature of Authorized Adult Project Leader

Parish Office Use Only:	Do not fill-in these boxes.
Approved:	Not Approved

