



## Community Service Project

PLEASE PRINT

\_\_\_\_\_  
First name

\_\_\_\_\_  
Last name

Service Project:    \_\_\_ children            \_\_\_ elderly            \_\_\_ disabled

                         \_\_\_ food bank            \_\_\_ economically disabled            \_\_\_ other

date(s) \_\_\_\_\_ #of project hours \_\_\_\_\_

What did you do to earn these hours? Briefly describe your experience.

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\_\_\_\_\_  
name of adult supervisor

\_\_\_\_\_  
signature of adult supervisor

\_\_\_\_\_  
phone #



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