

Service Project Report Sheet

Name _____ Date(s) of Service _____

Area of Service (circle one): **Family** **Church /Community** **School**

Length of time spent (1/2 hour minimum): _____

Place _____

Description of Service _____

Signature/Title of Adult Supervisor _____

(mother, father, teacher, volunteer coordinator, etc.)

If you have any questions regarding service hours,
please contact your Religion teacher.

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