

Student Name	Grade
Date of Service	Hours Served
Place of Service	
Name of Supervisor (printed)	
Signature of Supervisor	
Brief description of service performed: (include who your life was impacted)	•

Please Return Completed Form to the Office. (To receive credit, all forms must be filled out completely and correctly.)



Student Name	Grade
Date of Service	Hours Served
Place of Service	
Name of Supervisor (printed)	
Signature of Supervisor	
Brief description of service performed: (include what your life was impacted)	you did, whose needs were met, and how