

Youth/School Service Project Form

Name:	Date of Birth:
School/Group (If applicable):	Grade (If applicable):
Project (Title):	
Describe your community service project. Explain w	hy you chose this project
Who or what will benefit from your project? What o	do you hope to accomplish as a result of your work?
Student Signature	Date
Parent/Guardian Signature	Date
School Official Signature	Date
Jenoor Official Signature	Date

COMMUNITY SERVICE ACTIVITY LOG

All volunteers must use the Activity Log form to record their community service activities. Use additional sheets, as needed.

Date	Community Service Activities	Project Supervisor's	Hours Completed	
	Completed	Signature		
	I.			
Student Signature				
Parent/Guardian Signature		Total Project Hou	_ Total Project Hours	
Authorized School Officia				

NOTE: KEEP COPY OF ALL FORMS