

SOPHOMORE SERVICE REQUIREMENT FORM

Student Name _____ Homeroom _____

Name of Agency you assisted or Activity in which you participated

Location where your Service was performed _____

Date your service was performed _____

Exact hours you served _____ to _____

Name of Contact person Officially associated with your project (this cannot be a parent)

Phone number where this person can be reached _____ (must be provided)

Signature of this person _____

Description of the Work you did.

Parent Signature

My signature verifies that my daughter did the service project she described and did it for the hours listed above.

Student signature

My signature verifies that I did the work I have described on this form.