

Service Learning Project 2008-09

Name _____ Grade _____

Recommended Service Levels: 6th Grade – 6 hours/7th Grade – 9 hours/8th Grade – 12 hours.

We suggest completing the hours in four visits to the same organization to foster a more meaningful service relationship.

Project/Activity description:

Contact person at agency (if any):

Phone number (of contact person):

Date(s) you are planning to serve:

Method of transportation:

Estimated total hours:

Parent signature *date*

Student signature *date*

Advisor signature *date*

Final Time Sheet – Due May 29, 2009

Name: _____ Project/Activity: _____

Contact person (if any):

Date(s): _____

Date(s): _____

Date(s): _____

Estimated total hours: _____

Estimated total hours: _____

Estimated total hours: _____

Supervising adult signature *date*

Student signature *date*