



St. John's

EPISCOPAL SCHOOL

Community Service Form

Name: _____ Grade: _____

Date of Project: _____ Hour(s) completed on this project: _____

Description of Project/Activity:

Verified by: Adult Supervisor's **Printed Name**: _____

Verified by: Adult Supervisor's Signature: _____

Where did the activity take place? _____

Date submitted: _____

Completed forms are to be turned to Mrs. Constantine in the Front Office