



**St. John's**  
EPISCOPAL SCHOOL

## ***Community Service Form***

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Description of Project/Activity:

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Verified by: Adult Supervisor's **Printed Name:** \_\_\_\_\_

Verified by: Adult Supervisor's Signature: \_\_\_\_\_

Where did the activity take place? \_\_\_\_\_

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Date submitted: \_\_\_\_\_

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