Carden Academy of Santa Clara
Community Service Project

PLEASE PRINT

_____ _____
First name Last name

Service Project: _____ children _____ elderly _____ disabled

_____ food bank _____ economically disabled _____ other

date(s)_____ #of project hours _____
What did you do to earn these hours? Briefly describe your experience. _____
_____
_____
_____

_____ _____ _____
name of adult supervisor signature of adult supervisor phone #

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