

Student's Name \_\_\_\_\_ ID # \_\_\_\_\_ Counselor \_\_\_\_\_  
Grade \_\_\_\_\_

**INDIVIDUAL SERVICE PROJECT FORM**  
**Civic Responsibility ESLR**

**The "Off Campus Permission Form," which requires a parent/guardian signature, must be attached to this form and verified by a counselor or administrator for off campus community service hours.**

\_\_\_\_\_  
**Counselor/Administrator Signature**

\_\_\_\_\_  
**Date**

In the space below, provide a description of your proposed service project:

We will be sanding benches at the Huntington Memorial Hospital. After the sanding is completed, we will paint several layers of teak oil over the benches. It will be done at the old cafeteria.

**PRIOR TO THE PROJECT: Secure approval from a counselor or administrator.**

Counselor's/Administrator's Printed Name \_\_\_\_\_

Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

**AT THE COMPLETION OF THE PROJECT:**

Number of Hours Completed \_\_\_\_\_ Date Completed \_\_\_\_\_

Printed Name of Person Verifying Completion \_\_\_\_\_

Name of Sponsoring Agency \_\_\_\_\_

Signature of Person Verifying Completion \_\_\_\_\_ Date \_\_\_\_\_

Phone Number of Person Verifying Completion (if outside school) \_\_\_\_\_