

STE. GENEVIEVE MIDDLE SCHOOL

Community Service Project Form

Current Year: _____

Name of Organization/Advisory Team: _____

Description of Service Project : _____

Beginning Date: _____ Ending Date: _____

Name of Person(s)/Organization(s) Working With: _____

_____ Estimated Number of Hours Devoted to Complete Project
(Per Person)

_____ Estimated Number of Students Involved

Signature of Staff Member

Date

Signature of Administration

Date

- Staff members should submit the Community Service Project Form to the Principal's Office for approval prior to committing to any project.
- All clubs/organizations/advisory groups must complete a minimum of ONE Community Service Project per school year.