



Name:	Grade:
-------	--------

## Service Hours Log

Quarter    1    2    3    4

Greenleaf Friends Academy requires three hours of community service per academic quarter. Please return this form to Mrs. Miller as soon as your service is completed, and no later than one week prior to the end of the grading period for approval.

<b>Service Project Description:</b>		
<b>Organization/Contact Person and Phone #:</b>		
<b>Date and Time Frame:</b> m/d/y                  hours	<b>(date:)</b>	<b>(hours:)</b>
<b>Goal or Purpose:</b>		
<b>Lessons Learned:</b>		
<b>Spiritual Gifts and Skills Used:</b> Ephesians 4: 11-13 1 Corinthians 12		
<b>How did this service bring glory to God?</b>		

Please note: A community service project must be a voluntary act that benefits the community as a whole. A project for an individual person or family member will not be accepted as community service hours unless approved beforehand by Mrs. Miller. The student may not receive compensa-

---

<b>Student Signature</b>	<b>Parent Signature</b>	<b>Date</b>
--------------------------	-------------------------	-------------