

Service Project Form

Holy Infant Religious Education Office
456 Racebrook Road
Orange, Connecticut 06477

Student's Name: _____ Student's Grade: _____

Date of Project: _____ Title of Project: _____

What was your role: _____

How did this project impact you and those that you helped: _____

Person or People Involved with the Project: _____

How much time was spent on the project: _____
(Two hours of volunteering is equivalent to one project.)

Student's Signature

Parent's Signature

Supervisor's Signature

Supervisor's Telephone Number

***Please note any 2 hours of service counts as one service project. Ten hours must be church sponsored and ten community. All projects may be church sponsored. Forms MUST be completed and turned in so that they may be recorded.

Any questions please contact us.