

**TRINITY CHRISTIAN SCHOOL**  
**COMMUNITY SERVICE PROJECT FORM**  
**WEEKLY HOURS**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Name of Organization \_\_\_\_\_

Description of Service \_\_\_\_\_

\_\_\_\_\_

Address of Organization \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Total Hours Performed \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_