

NJHS Service Project
Description



Today's Date: _____

NJHS Candidate's Name: _____

Service Activity: _____

Date/s at Activity: _____ Time/s at Activity: _____

Total Hours: _____

Sponsor of Activity (LMS or other): _____

Adult Supervisor of Activity: _____

Phone Number or Email of Adult Supervisor: _____

Describe Activity:

How did the Service Activity help others or the community?

Explain what you learned by being part of this Service Activity?

Signatures:

Date:

NJHS Candidate (Student): _____

Parent/Guardian: _____

Sponsor of Activity: _____