

Parish Episcopal School Community Service Accountability Sheet

This form must be turned into Ms. O'Rear within TWO weeks of the service date.

Name: _____ Class: _____ Advisor: _____

Date of service: _____

Agency served: _____

Description of service:

What did you gain from this experience?

Number of hours: _____

Agency representative's signature: _____

Agency representative's phone number: _____

Agency representative's email address: _____

Thank you,

Karen O'Rear
Director of Community Service
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