**NAHS COMMUNITY SERVICE PROJECT DOCUMENTATION-**

**PLEASE INCLUDE PHOTOGRAPHIC DISPLAY IN POSTER FORM FOR PRESENTATION**

NAME (PRINT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIBE YOUR SELF-DESIGNED AND APPROVED, SENIOR COMMUNITY SERVICE PROJECT:

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WHAT MADE YOU CHOOSE THIS TYPE OF ACTIVITY TO PARTICIPATE IN? HOW DID YOU HELP (PERSON) PEOPLE IN THIS PROJECT?

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HOW MANY HOURS DID YOU PARTICIPATE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF LEADER IN THIS COMMUNITY SERVICE ACTIVITY:

PLEASE PRINT NAME OF LEADER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER OR EMAIL OF LEADER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_