KENNESAW MOUNTAIN HIGH SCHOOL
SERVICE LEARNING REPORT

Student’s Name: _______________________   Graduation Year: 20_____

Date of Service: _____________________

Name of organization you are representing: _________________________________

Total Number of Hours Submitting: _____________   If there are multiple dates/projects, please breakdown what you did.

Brief description of service project(s):

Sponsor’s Name and Affiliation to Service Activity

______________________________________    _____________________________________

Sponsor Signature: _____________________________________________________________

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Office Use Only

Accepted: _______   Not Accepted*: _____________

*Why not accepted: ____________________________________________________________

Thanks for Volunteering!

Turn form into room 316. Any questions, ask a Mane Link Officer or email manelinkkmhs@gmail.com

Be sure to keep a copy for your records