

Hands & Feet

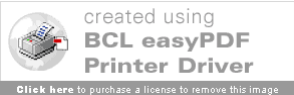
Name: _____

<u>Date(s)</u>	<u>Amount of Time</u>	<u>Description of Service Activity</u> (What did you do?)	<u>Type of Service</u> <i>Remember, you need 2 different types of service each quarter. Circle the type of service!</i>		
			ELC Community	School (non-ELC)	Family Church
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			ELC Community	School (non-ELC)	Family Church
			ELC Community	School (non-ELC)	Family Church

I believe that the hours and efforts listed and described above are an honest and accurate record of service.

Signature of parent or guardian

Signature of student



SERVICE RELECTION

What did you learn that you didn't know before?

How do you feel about your experience?

How did you make a difference?

What ideas or questions do you have in terms of new service projects, in-class service projects, or community / school / church / family needs?