

**Spanish Honor Society Community Service Form**  
**You Need a Minimum of 5 Documented Hours**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date(s) of Project: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Supervising Adult for Project: \_\_\_\_\_

Contact Information for Supervising Adult: \_\_\_\_\_

Brief Description of Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorization Signature of SHS Advisor: \_\_\_\_\_

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