



Service Project Completion Form

Name of the Student: _____

School Name: _____ **Junior/Senior** _____

Service Organization Project: _____

Completion Date of service project: __/__/__

Hours Completed: _____

Student Signature: _____

Service Org Leader Name: _____

Signature: _____

Title of Service Leader: _____

Comments on Student Effort: (Excellent, Good, Average, Below Average)

YLDP Service Director: _____ **Signature:** _____