



St. John's
EPISCOPAL SCHOOL

The Power of Change through Community Service

Name: _____ Grade: _____

Date of Project: _____ STJES Advisor _____

Individual Project or Class Project (Circle One)

Description of Project/Activity:

Hour(s) Completed on this Project: _____

Sponsor or Adult Supervisor's Signature: _____

Comments:

Date Submitted: _____

Completed forms are to be returned to Ms. Bank.

If your service project does not appear on the STJES website list, you must obtain prior approval from Ms. Bank.