

**8TH GRADE HEALTH EDUCATION—COMMUNITY SERVICE FORM FINAL
EXAM FORM—MS. GRUVER**

Student Name _____

Organization/ Community Group Name _____

Service being
provided _____

Contact Person's Name (Print) _____
(Signature) _____

Contact Person's phone # _____

Contact Person's title and/or responsibility
with organization _____

Date of Service _____

Number of Hours _____

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