

**8<sup>TH</sup> 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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