SFWHS In-School Service Plan

Student must submit this form to the Service Program Coordinator, Barbara Allen, no later than the first week in October.

Student: _____
(print clearly)

Grade: ☐ **9th** ☐ **10th** ☐ **11th** ☐ **12th**

Project sponsor (faculty or staff): _____
(print clearly)

Project sponsor's signature: _____ **date:** _____

Service Title: _____

Service Responsibilities

Service Sponsor: include how many times per week and for how long, or similar details; describe the type of work to be done.

_____

_____

_____

_____

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_____

Student's signature: _____

Date submitted: _____