

Marshall Greene Middle School N.J.H.S.



Community Service Hours

STUDENT NAME _____

DATE _____

HOURS _____ (10 A SEMESTER)

ACTIVITY (What did you do?) _____

WHAT DID YOU LEARN? _____

SUPERVISOR OF ACTIVITY (NAME) _____

LOCATION _____

SPONSOR'S SIGNATURE _____ (Roger W. Rothe)

Additional Comments: _____

(This sheet must be filled out and returned to the NJHS Binder in Mr. Rothe's Room)