

COMMUNITY SERVICE FORM



Contestants Name:

Number of Projects: The total number of projects you worked on.

Number of Areas: The number of different groups, charities, etc... (eg cancer society, AIDS, recycling)

People Affected: How many people directly benefited from the community service work provided by you?

Number of Hours: How many total hours did you spend working on these projects?

Funds Raised to Support Your Community Service Project: How much money were you directly responsible for raising for your community service project(s)?

\$ _____

I do hereby swear the statements made on this form are true.

Initials

Date
