

Bement High School
Service Learning
Melissa Miles
Coordinator

OFF CAMPUS SERVICE LEARNING

STUDENT NAME	
DATE OF SERVICE	
WORKSITE	
DESCRIPTION OF SERVICE	
TIME INVOLVED	FROM ___ am ___ pm TOTAL TIME: TO ___ am ___ pm
SIGNATURE OF SERVICE RECIPIENT	
RECIPIENT COMMENTS (optional)	

FOR OFFICE USE ONLY

(Signature of Service Learning Coordinator)

(Date of approval by SLO)