

# DUCHESNE HIGH SCHOOL SERVICE PROJECT



Student Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Service: \_\_\_\_\_ Hours completed: \_\_\_\_\_

Describe the type of work performed:

---

---

---

Describe what you have learned or how you have grown from this experience:

---

---

---

Student Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

**DUCHESNE HIGH SCHOOL**  
*educating mind, body and spirit as one*