

KENNESAW MOUNTAIN HIGH SCHOOL SERVICE LEARNING REPORT

Student's Name: _____ Graduation Year: 20 _____

Date of Service: _____ Student #: _____

Name of organization you are representing: _____

Total Number of Hours Submitting: _____ If there are multiple dates/projects, please
breakdown what you did.

Brief description of service project(s):

Sponsor's Name and Affiliation to Service Activity

Sponsor Signature: _____

Office Use Only

Accepted: _____ Not Accepted*: _____

*Why not accepted: _____

Thanks for Volunteering!

**Turn form into room 316. Any questions, ask a Mane Link Officer or email
manelinkmhs@gmail.com**

Be sure to keep a copy for your records