

SAHS SERVICE PROGRAM

Name _____ Grade _____ Place: _____ # of Hours Worked: _____ Date: _____ Description of Service to: School ___ Church ___ Family ___ Community ___ _____ _____ Verified by: _____ Phone No: _____ Comments: _____ _____ ID # _____ Accepted by: _____ Recorded: _____	Name _____ Grade _____ Place: _____ # of Hours Worked: _____ Date: _____ Description of Service to: School ___ Church ___ Family ___ Community ___ _____ _____ Verified by: _____ Phone No: _____ Comments: _____ _____ ID # _____ Accepted by: _____ Recorded: _____
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