

Service Project Completion Form

(Note: This form must be turned in to the DRE **after** you have completed your service hours. This form must be completed for each service project. Make copies as needed.)

1. I acknowledge that (candidate name) _____ has performed _____ hours of service. The service consisted of (please describe):

Adult Project Supervisor Signature: _____

Adult Project Supervisor Name, printed: _____

Service Organization Name: _____

Date: _____