Techr	Richmond County nical Career Magnet High School
	Service Project
cial and a stheastheastheastheastheastheastheasthea	Circle house
Circle current grade 9 th 10 th 11 th 12th	Diamond Ruby
	Sapphire Emerald
I hereby certify that	has participated in a
	(Student Name)
community service activity on	for a total
	Date(s) (mm/dd/yy)
of hours.	
Complete hours can apply be sythemized	
Service nours can only be authorized	by an adult who is directly affiliated with the activity. Authorized Adult
Organization or affiliation	
Print name	Signature
Dhono numbor	Empil
	Email
Description and reflection of service	nerformed:
Student Reflection	
I acknowledge that these hours meet the guide completing these hours.	elines of TCM service project and I did not receive payment or a grade for
Student Signature	Parent Signature
Mandatory (all students) 4 hours per month	
Please return to Freshman 101 teacher	
For Office Use Only Hours accented:	Verified: Date:
(Service Project Coordinator Sign	