

# Msgr. Matthew F. Clarke School

## Community Service Form

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5074 Tower Hill Road, Wakefield, Rhode Island 02879  
Main (401) 789-0860 Fax (401)789-3164

**Student Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

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|--------------------------------------|--|-------------------------------|--|
| <b>Location of Service:</b><br>_____ | <b>Date(s) of Service:</b> _____<br>_____<br>_____ | <b>Hours Completed:</b> _____ | <b>Signature of Supervising Adult:</b> _____<br><br><b>Date:</b> _____ |
|--------------------------------------|--|-------------------------------|--|

**Tasks Completed:**

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### Reflection

**Why did I choose to do this community service project?**

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**Did my service make a positive impact? Explain.**

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**Would I choose to do this type of service in the future? Why or why not? What are my future plans for community service based on this experience?**

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