

**ALTERNATIVE SERVICE PROJECT**

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

**This project is approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
MPS Community Service Coordinator

If you wish to do service for an individual person or family or if you are creating your own community service project, you must complete the starred \* sections of this form and have the project approved by the MPS Community Service Coordinator BEFORE you begin.

**1. Describe your project: \***

Who will you help? \*

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Why do they need your help?\*

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What is the plan for your service project? What do you hope to accomplish?\*

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***If your service project is approved, continue with #2 and #3. Attach this paper and your reflection to your service Verification Paper.***

**2. Keep a log of your time:** On the back of this paper, please keep track of your service hours for this project. Also briefly describe what you do each time you help. Add sheets if needed.

**3. Reflection:** When your service hours are due to be submitted in the first week of February, please write a **200** word reflection essay about your project Do you feel that you were successful? Are you going to continue doing this service? Would you change any of your methods of helping? What did you learn? Attach your essay to your service verification paper.



