



**Humane Society**  
OF SUMMIT COUNTY™

### Youth/School Service Project Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School/Group (If applicable): \_\_\_\_\_

Grade (If applicable): \_\_\_\_\_

Project (Title): \_\_\_\_\_

Describe your community service project. Explain why you chose this project

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Who or what will benefit from your project? What do you hope to accomplish as a result of your work?

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date

