|  |  |
| --- | --- |
| **Service Project:** |  |
| **Date:** |  |
| **Location:** |  |
| **Duration:** |  |
| **Description of Service:** |  |

|  |  |
| --- | --- |
| **MB Chairpersons(s):** |  |
| **Coordinator:** |  |
| **Contact Number:** |  |
| **Organization:** |  |
| **Email Address:** |  |
| **Benefit/purpose/goals:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name** | **Time Duration** | **Total Hours** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |
| 11 |  |  |  |
| 12 |  |  |  |
| 13 |  |  |  |
| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |
| 17 |  |  |  |
| 18 |  |  |  |
| 19 |  |  |  |