



El Paso Service Challenge Student Service Form

Name _____ E-mail _____ Grade _____

Phone _____ School _____

Counselor _____

Event Name _____ Event Date _____

Description of Event:-What was the purpose of the event? What did you do? Who did you help? How many people were involved?

Total Hours: _____

Link to YouTube video: _____

-If you choose to document your community service event we encourage you to post the video on YouTube, and provide us with the link to post on Congressman Reyes' website

Validation Signature: _____

**Please submit to your counselor at the completion of your event.
Reminder: Hours are due by September 30.**