



SOS Journal 2010

Service Story

Tell us what you accomplished and share your results! For example, you made greeting cards and visited five seniors, collected 100 pounds of food by having a neighborhood food drive, etc. (attach additional pages if necessary).

Service Impact

Tell us what you learned and how you felt while doing your service.

Send Visuals

Photos are an effective way of telling your story about the project and people you have been providing service for. Digital photo files are ideal, print originals cannot be returned.

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Your Information

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School: _____ School District: _____

Grade Level 2010-11: _____ School Phone: _____

Agency Information (At which you volunteered.)

Agency Name: _____ Contact Name: _____

Mission: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Website: _____

Project Information

Project Date: _____

Your Service Hours: _____ Number of Volunteers: _____

Total Hours (all volunteer hours): ____ 5 hr. ____ 10 hrs. ____ 25 hrs.

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