



# TEEN ADVISORY COUNCIL SERVICE FORM ©

TAC member name: \_\_\_\_\_

Event adult contact: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Type (circle one): **SHADOWING** **TAC-SANCTIONED SERVICE** **OUTSIDE SERVICE** **DRIVE/DONATION**

Organization (ex. Dream Center, cMoe, Mater Dei baseball, Signature Art Club): \_\_\_\_\_

Brief description of event/meeting (ex. "Helped kindergarteners with crafts," "Passed out water to runners"):

Date of event: \_\_\_\_\_ Start & end time: \_\_\_\_\_ Location: \_\_\_\_\_

Number of hours served/shadowed: \_\_\_\_\_ Total TAC hours TURNED IN (excluding hours on this form): \_\_\_\_\_

\_\_\_\_\_  
Student Signature Date Adult Signature Date

Forms must be **completely** filled out to count toward your TAC requirements. Adult contact may NOT be a parent.

For office use only: ENTERED  Date: \_\_\_\_\_ VP/Other Initials: \_\_\_\_\_



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