Holy Trinity Catholic High School

Community Service Documentation Form 2017-2018 (Student Form)

**Service Qualifies as:** ***Parish Hours*** ***Community Hours***

Service Project

**THIS SECTION TO BE FILLED OUT BY THE STUDENT.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_

 **(PLEASE PRINT)**

**Service Project (please describe): Date of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Name of Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Organization Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**On- Site Supervisor Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(PLEASE PRINT)**

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(SIGNATURE)**

Verification

**THIS SECTION TO BE FILLED OUT BY THE VERIFYING PERSON.**

**(Please stamp or attach a business card if possible.)**

I verify that the above student satisfactorily completed \_\_\_\_\_\_\_\_\_\_\_\_ hours of service for my organization on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**On-site Supervisor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(SIGNATURE)**