

Scotus Central Catholic Living the Faith

2018-2019

*This form must be completed by the supervisor of the project/activity and turned in by the student by the second Friday of September for summer hours **and** no later than one (1) month after the event during the school year. *All hours for the year must be turned in by the second Friday in May.*

Student Name: _____ Grade: _____

Category: _____ Church _____ School _____ Community _____ Friends/Family

Date of Service: _____ Total Time Worked: (round to the nearest 1/4-hour) _____

Time Arrived: _____ Time Left: _____

Name of the Organization or Person the which the service was done:

Description of Service: _____

I verify that this student completed the service described above for the number of hours indicated and that he/she received nothing in return for his/her service.

Printed Name of the Supervisor: _____

Signature of Supervisor: _____

Supervisor's phone and/or email: _____

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