

Christian Service Hours

St. Vincent – St. Mary High School

“Whatever you do for the least of these... my brothers and sisters... that you do for me.”

COMPLETE THIS FORM IN IT'S ENTIRETY.

Name: _____ Religion Teacher: _____ Grade: _____

Category: (circle one) Community Church/Parish Poor/Marginalized Peace/Justice

Number of Hours served: _____ Date(s) of service: _____ Today's Date: _____

Supervisor's name: _____

Phone Number: _____ Agency: _____

Supervisor's Signature: _____ Date: _____

Explanation of my service experience: _____

Supervisor's Evaluation: _____

Log Sheet:

Date: _____ Times: _____ Activity: _____ Supervisor's Init: _____

Date:	Times:	Activity:	Supervisor's Init:

(Continue on back, if necessary).

