

Service Hours Form

| Student Name: | | | Date of Service: | |
|--------------------------------|--------|--|------------------|--|
| Project Site: | | | | |
| Total of hours to be completed | | | | |
| Number of Hours: | | | | |
| Type of Service: Parish | School | | Community | |
| Description of Service: | | | | |
| | | | | |
| Name of Supervisor (Printed) | | | | |
| Supervisor's Telephone Number | | | | |
| Supervisor's Signature | | | | |

Thank you for your openness to our student and willingness to help form our students into disciples of Jesus Christ. If you have any additional comments, feedback, or if we can be of assistance in the future, please do not hesitate to call the main office 419-447-3844. God Bless.