

# Saint Joseph Catholic High School COMMUNITY SERVICE FORM

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
LAST FIRST

ORIGINAL FORM MUST BE FILLED OUT COMPLETELY AND TURNED IN WITHIN 2 WEEKS OF COMPLETING SERVICE.

**TO BE COMPLETED BY STUDENT** (PLEASE PRINT):

PLACE OF SERVICE \_\_\_\_\_  
NAME

SUPERVISOR'S NAME \_\_\_\_\_  
FIRST LAST

ADDRESS: \_\_\_\_\_  
STREET  
\_\_\_\_\_  
CITY ZIP

**TO BE COMPLETED BY SUPERVISOR** (PLEASE PRINT):

DATE(S) OF SERVICE: \_\_\_\_\_

TOTAL NUMBER OF HOURS STUDENT COMPLETED \_\_\_\_\_ HRS \_\_\_\_\_ MINS (Use only 0/15/30/45)

A BRIEF DESCRIPTION OF THE SERVICE COMPLETED AND ADDITIONAL COMMENTS:

*To verify that the student completed the hours stated above and did not receive compensation of any kind in return, please sign and date:*

SUPERVISOR'S SIGNATURE \_\_\_\_\_  
NAME DATE

CONTACT NUMBER \_\_\_\_\_

***ATTACH ANY OTHER DOCUMENTATION OF SERVICE IF AVAILABLE TO THIS FORM***

Date Received: \_\_\_\_\_ Summer \_\_\_ 1<sup>st</sup> Semester \_\_\_ 2<sup>nd</sup> Semester \_\_\_