

Service Hours Record (copies of this form available on parish website)

Date: _____

Student Name: _____ Level: _____

Name of Organization/Agency: _____

Name of Supervisor: _____

Address of Organization/Agency: _____

Phone Number of Organization/Agency: _____

E-mail of Organization/Agency Contact: _____

Brief description of community service performed:

Number of Hours Performed: _____

Signature of Supervisor/Advisor/Coach: _____

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|-----------------------|
| OLMC Use Only |
| Date Submitted: _____ |
| Approved by: _____ |