

ST. JANE DE CHANTAL CATHOLIC CHURCH & ST. MICHAEL MISSION
PARISH SCHOOL OF RELIGION

Service Hour Documentation

This form must be submitted to Mrs. Christina Ublich no later than Holy Week. A separate form must be completed for each service project.

Student Name: _____

Grade: _____

Date submitted: ____ / ____ / ____

Description of service performed: _____

Dates of service: _____

Number of hours: _____

Name of agency: _____

Name of supervisor: _____

Phone Number: _____

Signature of supervisor: _____

Date: ____ / ____ / ____