



## Community Service Completion Form 2019-2020

To be used to receive credit from community service. Please fill out one form per each community service activity performed.

Student's Full Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Organization/Agency Information:

Name: \_\_\_\_\_

Phone Number:(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Date service was performed: \_\_\_/\_\_\_/\_\_\_\_\_

Time service was performed: \_\_:\_\_\_ am/pm to \_\_:\_\_\_ am/pm

Total Hours: \_\_\_\_\_

Community Service Supervisor Contact information:

Name of Supervisor: \_\_\_\_\_

Title of Supervisor: \_\_\_\_\_

Phone Number:(\_\_\_\_\_)\_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Student's brief description of community service performed:

\_\_\_\_\_

\_\_\_\_\_

Does this service impact your personal faith journey? Reflect on what your service might mean to the people you directly/indirectly have served. What does this mean to them?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Youth Ministry/Confirmation office use only:

Verified completion of service Signature:

\_\_\_\_\_

Date Approved: \_\_\_/\_\_\_/\_\_\_\_\_