

**Community Service Completion Form 2017-2018**

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 of Organization/Agency: \_\_\_\_\_

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:**

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**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?**

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Youth Ministry/Confirmation office use only:

Verified completion of service

Signature: \_\_\_\_\_

Approved  Denied

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