

ST. JOSEPH HIGH SCHOOL SERVICE HOUR DOCUMENTATION FORM.

- Note: sheet must be filled out correctly and completely for hours to be recorded.
- ONE SHEET PER PROJECT.

STUDENT NAME _____ **YEAR OF GRADUATION** _____

NAME OF ORGANIZATION OF PLACE OR SERVICE: _____

ADDRESS: _____

PHONE NUMBER: _____

NATURE OF SERVICE: _____

REFLECTION:

Why did you choose to volunteer for this service opportunity?

TIME SERVED (IN HOURS): _____

DATE SERVED: _____

STAFF/PERSON IN CHARGE/ SUPERVISOR OF PROJECT VERIFYING SERVICE:

VERIFYING SIGNATURE (PRINT) _____

VERIFYING SIGNATURE _____

Student signature: Verifying that all information is true and factual: _____

Parent signature: Verifying that all information is true and factual: _____

Office use only:

Approved _____

Not Approved: _____

Reason not approved : _____.

Service Coordinator Initials: _____ Approved hours: _____.