

Service Hour Form

Students, please fill out the following form for your service hours. Service hours must be completed each trimester. Turn in the form to your homeroom teacher.

Student name: _____

Number of hours completed: _____

Where did the service hour(s) take place: _____

When did the service hour(s) take place: _____

Student reflection: Please answer the following questions using complete sentences.

1. How did this act of service bring you closer to your faith?

2. How did this act of service help your community?



Supervisor, please fill out the following section.

Turn to the back

Supervisor name: _____ (Must be completed by non-relative)

Supervisor signature: _____ Date: _____

Supervisor phone number: _____

Supervisor email: _____

The student was responsible for: _____

Supervisor comments: _____

Homeroom teacher signature: _____