Our Lady of Guadalupe - Teen Service Hours Log Form

Participant Information Grade_____ Supervisor Information Supervisor Name: Organization/Ministry: Email: **Service Activity Details** Description of Service # of Hours **Supervisor Signature** Date **Supervisor Information** Supervisor Name: _____ Organization/Ministry: Phone: Email: Service Activity Details Description of Service # of Hours Date **Supervisor Signature** Supervisor Information Supervisor Name: _____ Organization/Ministry:____ Phone: _____ Email: ____ Service Activity Details **Supervisor Signature** Date Description of Service # of Hours