



SAINT ROSE OF LIMA SCHOOL SERVICE HOURS REPORT SHEET



NAME _____ DATE OF SERVICE _____

AREA OF SERVICE (CIRCLE ONE): FAMILY CHURCH/COMMUNITY SCHOOL

LENGTH OF TIME SPENT (1/2 HOUR MINIMUM) _____

PLACE _____

DESCRIPTION OF SERVICE

SIGNATURE/TITLE OF ADULT SUPERVISOR _____

(PARENT, TEACHER, VOLUNTEER COORDINATOR, ETC.)

IF YOU HAVE ANY QUESTIONS REGARDING SERVICE HOURS,
PLEASE CONTACT YOUR RELIGION TEACHER.



SAINT ROSE OF LIMA SCHOOL SERVICE HOURS REPORT SHEET



NAME _____ DATE OF SERVICE _____

AREA OF SERVICE (CIRCLE ONE): FAMILY CHURCH/COMMUNITY SCHOOL

LENGTH OF TIME SPENT (1/2 HOUR MINIMUM) _____

PLACE _____

DESCRIPTION OF SERVICE

SIGNATURE/TITLE OF ADULT SUPERVISOR _____

(PARENT, TEACHER, VOLUNTEER COORDINATOR, ETC.)

IF YOU HAVE ANY QUESTIONS REGARDING SERVICE HOURS,
PLEASE CONTACT YOUR RELIGION TEACHER.