

**ST. CATHERINE OF SIENA PARISH
SERVICE VERIFICATION FORM**

Student's Name: _____ **Grade: (circle) 5TH 6TH 7TH 8TH**

Date Service Completed: _____ **Number of completed hours (this event):** _____

Category of Service (circle one) **Community Organization** **Parish/School**
Home/Neighbor/Family

Name of agency for which service performed: _____

Type of service performed or activity: _____

Name of on-sight supervisor or leader: _____

Signature of supervisor or leader: _____

Approval of Community Service Director: _____

This form is to be used for all service activities that you intend to report for credit. The entire slip must be completed and turned in, by the student, to your religion teacher to receive hours.