

Ascension Catholic Diocesan Regional School

Verification of Service

Student Name _____ **Grade** _____

Date (s) of Service* _____

Type of Service * (circle one) Church School/Community

Activity: * _____

Total hours:* _____

Signature of Supervisor: * _____

Phone contact: * _____

Student Signature: * _____

***Required for verification**

Please note: Fair service hours will be recorded by the school.

If an activity is completed multiple times, these may be listed on the same form.

Example: Altar server/ St. James 5/25/14, 6/12/14, 7/8/14 or Babysitting 6/22/14 and 8/8/14.