

# Holy Name of Jesus Catholic Church

## Service Hours

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Service: \_\_\_\_\_

Total number of hours: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Please return this completed form to Mr. Chrisman at Holy Name of Jesus Catholic Church.