



HOLY CROSS COMMUNITY SERVICE

Students and their families must complete at least 25 hours of community service each academic school year.

Student's Last Name: _____ First Name: _____

Current School Year: _____ Date of Hours Completed: _____

Name of Agency: _____ Phone #: _____

Agency Contact's Name: _____ Phone #: _____

Student's Signature: _____ Date: _____

Date	# Hours Completed	Duties Performed	Agent's Signature
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____
__/__/__	_____	_____	_____

Attach all documentation of the agency and the duties requested and performed.

Students, after completing hours, please bring this paper to Mrs. Harrell, Counselor.

Amount of hours turned in: _____

Signature of Office Staff: _____ Date: _____