

Name: _____

Good Shepherd Stewardship Log

2A Level

7th Level

8th Level

Service hours teach us the need to help others within our own community. *If not you...then who?*

Date(s): _____ # of Hours _____
Location/Agency: _____
Description of Service: _____
Supervisor's Signature: _____
Phone: _____ E-mail: _____

Date(s): _____ # of Hours _____
Location/Agency: _____
Description of Service: _____
Supervisor's Signature: _____
Phone: _____ E-mail: _____

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Date(s): _____ **# of Hours** _____

Location/Agency: _____

Description of Service: _____

Supervisor's Signature: _____

Phone: _____ **E-mail:** _____

Looking for Stewardship hours???
Please contact Mrs. Morales or the Parish Office for assistance.