



St. Peter Church - Service Hour Recording Form

915 Sard Ave., Aurora, IL 60506 1-630-896-6816

Students Name: _____

Location of Service: _____

Date of Service: _____

Description of Service Work: _____

Time Spent Serving: _____ Type of Service: Parish / School / Community (please circle)

Printed Name of Supervisor: _____

Signature of Supervisor: _____

Completed forms must be turned in, within two weeks of service date, to our Director of Religious Education.

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