

St. Elizabeth 3rd - 8th Grade Service Hours Form  
(to be completed from May of this year until April 15 of next year)

Name / Description of Volunteering \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_

Project Date \_\_\_\_\_ Numbers of Hours \_\_\_\_\_

Target of Project

\_\_\_ Parish \_\_\_ Family \_\_\_ Community  
(5-8 graders need 15 Hours)  
(4th graders need 10 Family hours)  
(3rd graders need 5 Family hours)

Who did this project help? \_\_\_\_\_  
\_\_\_\_\_

What was your favorite part of doing this type of service? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you do this type of service again? Why or Why not \_\_\_\_\_  
\_\_\_\_\_

**Signatures**

Project Supervisor \_\_\_\_\_

Parent \_\_\_\_\_

Student \_\_\_\_\_