

Cedar Catholic Jr./Sr. High School
“Living the Faith”

Name: _____ Grade: _____

Date of Service: _____ Time Worked: hours: 0 1 2 3 4 5 6 7 8 9 10
minutes: 00 15 20 30 40 45

Description of Service: _____

For whom/which organization was the service done? _____

Category: Church School Community Friends/Family

Name of Supervisor: *(Please Print)* _____

I verify that this student completed the service described above for the number of hours indicated and that he/she received nothing in return for his/her service.

Signature (_____)
Telephone Number

Cedar Catholic Jr./Sr. High School
“Living the Faith”

Name: _____ Grade: _____

Date of Service: _____ Time Worked: hours: 0 1 2 3 4 5 6 7 8 9 10
minutes: 00 15 20 30 40 45

Description of Service: _____

For whom/which organization was the service done? _____

Category: Church School Community Friends/Family

Name of Supervisor: *(Please Print)* _____

I verify that this student completed the service described above for the number of hours indicated and that he/she received nothing in return for his/her service.

Signature (_____)
Telephone Number