Verification of Service Hours Form
2023-2024

Name: ________________________________ Grade: FR SO JR SR

Person/non-profit group that you served and what you did:
___________________________________________________________________________

Date service was performed: ________________ Total hours served: ________________
(Service hours must be turned in no later than one month after service was performed)

Supervisor’s signature: ________________________________
(supervisor must NOT be a relative)

Supervisor’s contact info: ________________________________
(please provide an email and/or phone number)

Circle ONE that applies: parish hours corporal works community

*Fill out this form completely, legibly, and/or honestly for it to be counted

*FOR OFFICE USE ONLY* Date received/processed by the service director: ________________