



Record of Christian Service

Student Name: _____

Date(s) of Service: _____ Time in: _____ Time out: _____

Name of Agency: _____ Phone Number: _____

Brief description of service rendered: _____

What effect did this experience have upon you? _____

The above student has satisfactorily completed _____ hours of service at the above-named agency.

(Name of supervisor, please print.)

(Supervisor's signature)

(Date)

(Parent/ Guardian Signature)

(Approval of Campus Minister)

The mission of Saint Francis Catholic Academy is to inspire all students to live a life of faith, academic excellence and virtue.



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