

**Service Form (Hours)
Community Service Record**

(USE THIS FORM TO SUBMIT HOURS)

Quarter and Year:

Date:

Name:

Religion Homeroom:

Number of Hours:

1. For what organization did you perform the community service? If an individual, give the name of the person and your relationship.

2. What was the nature of the community service you performed? (What did you do?)

3. What were the dates of your community service?

4. How much time did you spend doing this service (hours)?

5. Who directly benefited from this service?

6. If you had not done this service, who would have been affected?

8. Why did you choose this service? What did you learn?

7. Who monitored you performing this service?

Name:

Phone Number:

Signature authorizing agent (the person who monitored your service).
May not be a parent.

Service Type - Circle the best description of service type

Service benefited an area within the St Matthew community

Service benefited an organization outside of St Matthew

Service benefited an individual outside of the St. Matthew

Service benefited an individual inside of St. Matthew community

Service was sponsored by St. Matthew