



ST. BRENDAN
CATHOLIC HIGH SCHOOL

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COMMUNITY SERVICE VERIFICATION FORM

INCOMPLETE FORMS WILL BE RETURNED <u>UNPROCESSED</u>	Guidance office use only
	Date Received _____ Date Processed _____

Student Name (Please Print): _____ Student ID: _____

DESCRIBE IN DETAIL THE SERVICE YOU PERFORMED:

THE FOLLOWING IS TO BE FILLED OUT BY THE MODERATOR:

Date(s) of Service: _____

Time of Service: _____

Total Number of Hours: _____

Service Hours Supervised By (Print name): _____

Club/Organization: _____

Event: _____

Evaluation or comments about the students work: _____

I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high level of integrity of the St. Brendan High School Mission.

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Any community service performed with a not-for-profit organization, not in conjunction with St. Brendan High School, must be verified on the organization's letterhead and include the following: Date(s)/ time(s) of service, activity performed, supervisor's name, position, phone number and e-mail address. Also, fill-out and attach this form to it.