

**North Catholic High School**

Service Hours Form -- This form is to be used for pre-approved projects ONLY.  
PLEASE PRINT CLEARLY

\_\_\_\_\_,  
PRINT Student's Last Name, First Name Grade

Student's Religion Teacher \_\_\_\_\_ Class of \_\_\_\_\_

\_\_\_\_\_  
Name of Service Organization Address

\_\_\_\_\_  
Student's Signature signifying a commitment to serving at the above named site.

Service project start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date \_\_\_\_/\_\_\_\_/\_\_\_\_

Briefly describe the type of service you will perform: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**To be completed by an adult -- not related to the student-- who is employed, or appointed, to supervise volunteers or a particular service project with the service organization listed on this form.**

Total number of hours completed by student \_\_\_\_\_

Evaluation of student's service (circle one):                      Excellent                      Good                      Improvement-needed

\_\_\_\_\_  
Adult Supervisor's Name (Please print) Supervisor's Title

\_\_\_\_\_  
Supervisor's signature

\_\_\_\_\_  
Supervisor's Phone number and extension\* Supervisor's email\*

\*Phone number and email address should be associated with the service organization, and not personal. These will only be used to contact you to verify hours. They will not be used in any other manner.

Supervisor's comments: (Optional; use back, if needed)