

Roman Catholic High School  
Community Service Record

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Section: \_\_\_\_\_

Service Site: \_\_\_\_\_

Address of site: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Telephone #: \_\_\_\_\_

PLEASE RETURN THIS FORM TO YOUR RELIGION TEACHER.

**SERVICE LOG**

Please list the date(s), the number of hours of service and give a description of duties.  
In addition, attach any paper work you may have received from your supervisor.

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Total days at site: \_\_\_\_\_

Total hours of service: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_