

Holy Spirit Catholic School

Volunteer Service Form



This form is to certify that students have completed volunteer hours and are active members of the community. This form will be used to keep track of his/her service hours so that students are kept accountable for their own work. Students must fill out **ALL** of the following information in order for service hours to be verified.

(PLEASE PRINT ALL INFORMATION except SIGNATURES)

Student Name: _____ Date: _____
(Month Day, Year)

Grade: _____

Venue of Volunteer Service: _____

Description of Activity/Event: _____

Time in: _____ Time out: _____ TOTAL HOURS: _____

Supervisor Name: _____

Supervisor's Email Address or Phone Number: _____

By signing this, I verify that he/she indicated above completed the service hours referenced above under my supervision or in a facility under my supervision.

SUPERVISOR Signature: _____ Date: _____

By signing this, I verify that I did complete the exact service hours referenced above for the exact time and at that exact place.

STUDENT Signature: _____ Date: _____

*Please turn in completed forms to Emily Givens or email to egivens@holyspirit-al.com
(For NJHS, please give to Mrs. Sam)*