TRINITY HIGH SCHOOL
SERVICE HOUR FORM

STUDENT'S NAME: _____ ACADEMIC YEAR: _____

STUDENT'S PARISH: _____GRADUATION YEAR: _____

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Who benefited from your service? Please check the one that is most accurate:

_____Service to Trinity _____Theology Class Service Project

_____Service to Parish _____Service to community or agency

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Where did you perform the service?

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In the space below, briefly describe the service you performed:

Date(s) of the service: _____

How many total hours did you perform this service? _____

_____ _____ _____

Signature of Supervisor Phone Number and/or email address Date

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YOU MUST COMPLETE THE FOLLOWING SECTION IN ORDER TO SUBMIT THIS FORM!

In the space below, please comment on what you learned from this experience (write at least 4 good sentences):

-PLEASE RETURN YOUR COMPLETED SERVICE HOUR FORM TO ROOM 111.