

TRINITY HIGH SCHOOL SERVICE HOUR FORM

STUDENT'S NAME: _____ ACADEMIC YEAR: _____

STUDENT'S PARISH: _____ GRADUATION YEAR: _____

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

_____ Service to Family/Friends/Neighbors

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

Date

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 THE MINISTRY OFFICE.