

JOHN CARROLL CATHOLIC HIGH SCHOOL

CHRISTIAN SERVICE HOURS

STUDENT NAME _____ GRADE LEVEL _____ RELIGION TEACHER _____

DATE OF SERVICE	DESCRIPTION OF SERVICE PERFORMED	WHERE SERVICE WAS PERFORMED (HOME, AGENCY OR INSTITUTION NAME)	NUMBER OF HOURS	SIGNATURE OF SUPERVISOR

SEMESTER (CIRCLE ONE): FALL _____ SPRING _____ YEAR: 20__ TOTAL HOURS: _____