



St. Francis of Assisi Catholic Church Community Service Verification Form

Please Fill in the Blanks

Name:				Address		
				Phone #		
Service Site Information (One Service Site Per Sheet)						
Name of Organization				Contact Person		
				Phone #		
Address where Service was Performed						
Purpose of Organization						
Description of Service that you Performed:						
Date of Service		Time Of Service		Number of hours	Signature of Supervisor	
	From	Until	(1	must be at least one)		
			<u> </u>			
Signature of person Performing Community Service				Date		
Parent Signature				Date		

Community Service Hours must be performed without pay or compensation and for approved Service Organizations (no family members). If you have any questions about the qualification of your community service hours, please ask before turning in this form.