

Stewardship/Service Record – FILL IN ALL BLANKS

Name: _____ (Check one)
Parish/Church: _____ *Freshman: 10 service hours required*
Homeroom #: _____ *Sophomore: 10 service hours required*
School Year: _____ *Junior: 15 service hours required*
 Senior: 15 service hours required

Description of Service:

Date of Service: _____ **# of Hours:** _____
Contact Person: _____ **Phone:** _____
(Authorized Signature Required)

Write a short paragraph reflecting on your experience of this service. (Use the back of this form if more space is needed.)
