

AQUINAS HIGH SCHOOL
2772 Sterling Ave.
San Bernardino, CA 92404
909-886-4659 Ext. 227

CHRISTIAN SERVICE HOURS REPORT FORM

Student's name: _____ Grade: _____

To be checked off by the Dir. of Campus Ministry if the service is not from the provided list or was not preapproved.

Direct Hours Indirect Hours

(The information below is to be filled out only by organization/agency personnel)

This form must be a record of service completed within the last 3 months to be counted as valid.

Date of Service: _____ (If this project is ongoing, list dates & length of service below)

Hours Completed	Name of Organization/Agency	Contact Name	Contact Number

Please briefly describe the nature of the service in the space below:

Please list any additional dates service was performed on and the length of each:

Signature of Supervisor (**no relatives may sign off**):

I certify that the project and hours reflected on this form are accurate.

X _____ Date: _____

Hours will not be recorded if there is no supervisor signature!