## Name\_\_\_\_\_

24 Service Hours—Must be completed by: \_\_\_\_\_

Service in My School or Community —12 Required Hours			
Date	Brief Description of Service	Total Hours	Signature of Supervising Adult
Service in My Parish—12 Required Hours			
	Service in My Parish-	-12 Required	l Hours
Date	Service in My Parish- Brief Description of Service	-12 Required Total Hours	
Date			