



Saint John Paul II

Live By The Spirit Of Faith. ACADEMY

Student Record of Community Service Hours

Please Print All Information Clearly. Circle grade for 2017-2018 school year: 9 - 10 - 11 - 12 Homeroom: _____

Student's Legal Name (First, Middle, Last): _____

Service Organization Name: _____

Brief Description of Job Responsibility: _____

Site Supervisor Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Alternate Telephone: _____

Would you like your organization listed as a Community Service Organization on our school website? Y - N

Site Supervisors: Please evaluate the student volunteer as follows:

Dependability: _____ Above Average _____ Average _____ Below Average

Responsibility: _____ Above Average _____ Average _____ Below Average

Attitude: _____ Above Average _____ Average _____ Below Average

Comments: _____

Date	Time In	Time Out	Hours
Total Hours Submitted:			

Site Supervisor's Signature Date

I hereby affirm that I performed the community service hours listed above in accordance with the Saint John Paul II Academy Community Service Program, and that I did not receive any form of compensation for the services performed. I understand that all service hours must be performed with a non-profit community organization, service group, church or school, and that service performed for a business, profitable organization or other individuals will ordinarily not be considered acceptable.

Student Signature Date