**St. Michael Office of Religious Education**

**Community Service Hour Verification Form 2016-2017**

**Ongoing acts of Christian service are essential to our faith life. Candidates must demonstrate an understanding of their baptismal call to serve others.**

**Service guidelines**

* A community service must consist of time you donate to the community.
* You may not be reimbursed financially for your time.
* You may not receive a badge or accolade for your time.
* Activities that assist your immediate family may not be considered service hours.
* Service hour verification forms may not be signed by family members or a student.
* To record your hours, take this form with you.

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year of Confirmation** \_\_\_\_\_\_\_\_\_\_\_

**Date of Community Service** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Number of hours completed** \_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organization/Agency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Describe the service activities performed** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Agency Verification Signature of Volunteer Coordinator**:

 **As the volunteer Coordinator/Supervisor for this agency, I verify that the above named student has completed the above hours of service to our agency.**

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**PRINTED NAME OF VOLUNTEER COORDINATOR/SUPERVISOR**

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**SIGNATURE OF VOLUNTEER COORDINATOR/SUPERVISOR TELEPHONE NUMBER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS**

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**STUDENT SIGNATURE DATE**