St. Peter Catholic School
COMMUNITY SERVICE VERIFICATION FORM

Please:  
† Fill in all blanks  † Use one service form per activity or site
† Obtain signature from site supervisor (required)
Incomplete forms will not be accepted

Student Name: ___________________________________________ Grade _____

ORGANIZATION INFORMATION:

Name of Organization: ___________________________________________

Primary Purpose of Organization: ___________________________________

Name of Supervisor: _____________________________________________

Location (city only): __________________________ Phone Number: __________

Describe the work you performed:

________________________________________________________________________
________________________________________________________________________

<table>
<thead>
<tr>
<th>Date of Service</th>
<th># of hours</th>
<th>Supervisor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Hours Performed: __________

Student Signature: ___________________________ Date: __________

Parent Signature: ___________________________ Date: __________

By my signature, I verify that to my knowledge the claims made on this form are true and have not been altered in any way.

FOR SCHOOL USE ONLY

Date Received       HRT Initials