

# Saint Francis High School Service Hours' Report

2003 - 2004

STUDENT'S NAME:

NUMBER OF HOURS

DATE(S) OF SERVICE \_\_\_\_\_

GRADE \_\_\_\_\_

PREACH THE GOSPEL

NAME OF SERVICE ORGANIZATION \_\_\_\_\_

DESCRIPTION OF SERVICE:

ADDRESS \_\_\_\_\_

USE WORDS

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTINUE ON BACK IF NECESSARY

SIGNATURE OF SITE SUPERVISOR

SIGNATURE OF PARENT/GUARDIAN

... IF NECESSARY.



Note: This form **MUST** be placed in an envelope bearing the agency's letterhead or be attached to the agency's stationary; business cards are acceptable. Forms must be returned to the campus ministry center (Upper Room) by the student so that the director of campus ministries can review and allow for any changes. Credit will not be given to the student if these instructions are not followed or if the form is incomplete.

ST FRANCIS HIGH SCHOOL  
A MINISTRY OF THE CAPUCHIN FRANCISCAN FRIARS OF THE UNITED STATES' PROVINCE