

Muskegon Catholic Central Service Hour Confirmation Sheet

Student Name _____

Type of Service Check the box that applies to your Service
 School Parish Community

Date of Service _____ / _____ / _____

Place of Service _____

of Hours Served _____

In the section below, please explain specifically what you did for your service hours. Be specific and thorough, including when and where service was done, what you did, and why the service was performed.

Name of Supervisor (please print) _____

Signature of Supervisor _____

Date of Signature _____ / _____ / _____

Contact phone number _____ - _____ - _____
(area code)