

KCHS CHRISTIAN SERVICE PROGRAM FORM – 2016-17 SCHOOL YEAR

(Use a separate form for each agency and non-consecutive dates you worked)

Name: _____

Grade: _____

Date of Service _____

Number of Hours completed _____

Service location/Name of agency:

Description of work completed:

Agency Supervisor's Signature: _____

Agency Supervisor (Printed Name): _____

(Bottom to be filled out by Fr. Manning)

Date turned in _____

Direct Hours **or** Indirect Hours

Approval: _____

*Student – Please keep a copy of form for your own records