**Charleston Catholic High School**

**Community Service Activity Form**

Name Click here to enter text. Grade Click here to enter text. Theology Period Click here to enter text.

Organization (If Applicable) Click here to enter text.

Date(s) Service Rendered: Click here to enter text. Total Time: Click here to enter text. Hours

Ms. Linehan’s Verification (Hours are confirmed when initialed): \_\_\_\_\_

**Describe the activity and the service** you performed. Note the organization if applicable. What specifically did you do?

**Click here to enter text.**

**Signature of adult** coordinating this service opportunity, or of parent:

“I affirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ performed the community service described above.”

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_

In a paragraph or two, describe what you **learned from your participation** in this activity.

**Click here to enter text.**

**Service to those in special need, persons who are poor and/or vulnerable**:

Yes or No: **Click here to enter text.** If “Yes,” please explain:

**Click here to enter text.**