



**Charleston Catholic High School
Community Service Activity Form**

Name _____ Grade _____ Theology Period _____

Organization (If Applicable) _____

Date(s) Service Rendered: _____ Total Time: _____ Hours

CCHS Verification: Ms. Linehan, or middle school theology teacher, approved: _____

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

Service to those in special need, persons who are poor and/or vulnerable: ___ Yes ___ No
If “Yes,” please explain:

Theology course you are currently taking: _____
Describe one theme from your studies this course to date and how it connects to your service experience. Be specific.

Signature of adult coordinating this service opportunity, or of parent:
“I affirm that _____ performed the community service described above.”
Signature: _____ Phone # _____

All students at CCHS are required to perform a minimum number of community service hours each year. Service activities can either be an organized effort, or as a response to needs that are presented in students’ daily lives. It is expected that community service takes the student beyond the needs of his/her immediate family and circle of friends. One half of the required hours need to be in service with people in special need, persons who are poor or vulnerable (sick, elderly, mentally and physically impaired, etc.)