

ST. CATHERINE SCHOOL

3840 WOODROW DRIVE PORT ARTHUR, TEXAS 77642 409 962-3011 www.stcats.org

SERVICE HOURS FORM

NAME: _____ GRADE: _____

HOMEROOM TEACHER: _____ DATE FORM SUBMITTED _____

NAME OF ORGANIZATION WHERE I PROVIDED COMMUNITY SERVICE:

DESCRIPTION OF THE SPECIFIC SERVICE I PROVIDED FOR THIS ORGANIZATION:
(TO BE COMPLETED BY STUDENT)

BEGINNING TIME: _____ ENDING TIME: _____

SERVICE DATE: _____ TOTAL HOURS FOR THIS DATE: _____

SUPERVISOR'S NAME (PRINT):

SUPERVISOR'S SIGNATURE:

(PARENT MAY SIGN ONLY IF PARENT WAS SUPERVISOR/CHAIRPERSON OF CHARITABLE EVENT)

SUPERVISOR'S PHONE: _____

SUPERVISOR'S EMAIL: _____

***SERVICE HOUR FORM MUST BE TURNED IN WITHIN TWO WEEKS OF PERFORMING SERVICE.
KEEP A COPY OF YOUR SERVICE HOURS FOR YOUR PERSONAL RECORDS.***