ST. John Paul II Catholic High School Service Form Sheet

Name	Grade	9	10	11	12	Date _		
P = Place of service T = Type of service A = Address of service	ce S = Supervisor's signat	ure (nrint 8	S write	a) #	= Supervi	isar's nhane numl	1er

Type, Place, Address of service	Date	Time Began	Time Ended	# of hours	Supervisor is to PRINT name & SIGN and give phone number
P (place) Casa Calderone	6/2/17	10:00 am	1:00 pm	3 hrs	S (written signature)
T (type of ministry)					P (printed name)
A (address)					# phone # of place of service
P			\$ - 11114 B B B B B B B B B B B B B B B B B		
T				WARE CONTRACTOR OF THE CONTRAC	
Α					
P				**************************************	
Т					
Α					
P			***************************************		11F0438VC04V
Т					
Α					
P		-			
T					
Α ΄					
P		***************************************			
Т					10/10/00/00/00/00/00/00/00/00/00/00/00/0
Α					
			TOTAL HRS		

Student's parent(s) may NOT sign as the supervisor. See Guideline Sheets. ALL categories must be filled in & the hours TOTALED at the bottom of the sheet. <u>DATES DUE</u> are <u>January 9, 2017</u> for the first half of the total hours and <u>May 11, 2017</u> for the remaining half. Typed theological reflection paper is due no later than <u>May 11, 2017</u>. This is a ONE PAGE TYPED reflection explaining what you did, how this service helped you become a better person, and how you lived out your faith in doing service. <u>Minimum required hours</u>: Freshmen 10 Sophomores 20 Juniors 30 Seniors 40 hours