

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Theology Teacher: \_\_\_\_\_

Theology Period \_\_\_\_\_

Date	Description of Service	Location of Service	Supervisor Signature	Total Hours

Total Number of Hours Completed: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_