Bishop Neumann High School Service Program

Name of Student:_____ **Grade:**____ **Date of Service:**_____

Name of Person Doing Service For:_____ **Phone Number:**_____

Address of Service Project:_____ **Total Time of Service:**_____

Hours may only be obtained from the following activities:

Type of Service (mark one)

- ◯ Service to the elderly, disabled, unborn, sick, or needy
- ◯ Service in the parish community or to the pastor
- ◯ Service to the school or community
- ◯ Other (i.e. TEC, Sky Camp – limited to 15 hours)

(Service cannot be done for a parent or for profit)

Description of Service

(who, where and/or qualifications for service, i.e. Helped John Doe, elderly, clean snow off his sidewalks.)

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Signature of Supervisor