

Saint Joseph High School  
Christian Service Verification Form

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Agency or Church: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Type of Service Performed: \_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

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