



ST. AUGUSTINE HIGH SCHOOL

Christian Service Verification Form

STUDENT SECTION:

Grade Level (Circle One): 9 10 11 12

Student's Name _____

Name of Organization/Agency _____

Organization/Agency Contact Person _____

Phone Number of Contact Person (_____) _____

Email Address of Contact Person

Date (s) of Service : _____ **to** _____

(Month / Day / Year)

(Month / Day / Year)

Description of Service:

SUPERVISOR SECTION: (Please verify student service and add a comment if desired)

Comments:

TOTAL HOURS _____

SUPERVISOR SIGNATURE _____ **DATE** _____

-Hours documented must only represent the actual time spent volunteering-travel time or sleep time in an overnight setting should not be included. -Neither the student, nor anyone related to the student, may sign this form.

Please direct any questions to: Rev. Maxime Villeneuve, OSA, Director of Christian Service

3266 Nutmeg Street, San Diego, CA 92104 619.282.2184 ext. 5545 mvilleneuve@sahs.org