



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 (_____) _____

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: Jessica Brophy, Director of Christian Service
3266 Nutmeg Street, San Diego, CA 92104
619.282.2184 ext. 5593_ jbrophy@sahs.org