Community Service Record

HOLY TRINITY CATHOLIC SCHOOL

Name of Student:_____ DATE SUBMITTED_____

Homeroom:_____

DATE	TIME	JOB DESCRIPTION	HOURS	AGENCY /ORGANIZATION	SUPERVISOR'S INITIALS

Describe the service opportunity:

Supervisor /Coordinator Comments: Date

Additional Comments:

SUPERVISOR'S SIGNATURE	TITLE	DAYTIME PHONE NUMBER

- 10 Hour Requirement for 8th grade and 7 Hour Requirement for 7th Grade.
- Dates of Service between June 1st and April 30th.
- Service must be done **outside** the HTCS community, e.g. your parish, non-profit organizations, etc.
- All service must be without compensation.