

Nature of Service: _____

Location of Service: _____

Service Completed _____
DATE, TIMES, # OF HRS.

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DATE, TIMES, # OF HRS.

Supervisor: _____
Print

Phone Number: _____

Signature: _____
Date _____

(Supervisor, please initial all hours worked)

Paul VI Catholic High School

Campus Ministry
703-352-0925 Ext. 330

SERVICE HOURS LOG

(December 1, 2009 – May 6, 2010)

Name _____

Advisor: _____

TOTAL # OF HOURS _____

Religion Teacher _____

Religion Course: _____ P: _____

Home Phone _____

**[PLEASE KEEP COPIES OF ALL FORMS
FOR YOUR RECORDS!]**

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