



# ST. MICHAEL SCHOOL

*Schererville, Indiana*

## Student Community Service Hour Form

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Name of Event/Service: \_\_\_\_\_

Date of Event/Service: \_\_\_\_\_ Time of Day Worked (i.e. 4-7 PM): \_\_\_\_\_

Total Number of Hours Worked: \_\_\_\_\_

Please list specific duties performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Event/Service Organizer: \_\_\_\_\_

*(Please Print)*

***\*I verify that the above named student worked at the listed service event on the date and at the times listed.***

\_\_\_\_\_  
Date: \_\_\_\_\_

**Signature** of Event/Service Organizer

*\*It is highly recommended that you make a copy of the completed form to keep for your records BEFORE turning this form in to your homeroom teacher.*

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