

**Ascension Catholic Diocesan Regional School**

**Verification of Service**

**Student Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Date (s) of Service\*** \_\_\_\_\_

**Type of Service \* (circle one) Church School/Community**

**Activity: \*** \_\_\_\_\_

\_\_\_\_\_

**Total hours:\*** \_\_\_\_\_

**Signature of Supervisor: \*** \_\_\_\_\_

**Phone contact: \*** \_\_\_\_\_

**Student Signature: \*** \_\_\_\_\_

**\*Required for verification**

**Please note: Fair service hours will be recorded by the school.**

**If an activity is completed multiple times, these may be listed on the same form.**

**Example: Altar server/ St. James 5/25/14, 6/12/14, 7/8/14 or Babysitting 6/22/14 and 8/8/14.**