



BLESSED SACRAMENT PARISH
Religious Education
Program

Service Hour Verification Form

Student's Name: _____

Dates served: _____ Number of hours served: _____

Service Site: _____

Address: _____

Adult Supervisor: _____

Supervisor's Telephone #: _____

Supervisor's Email: _____

Brief description of tasks and responsibilities:

Student Signature: _____ Date: _____

Adult

Supervisor Signature: _____ Date: _____

Please sign this form only if you were satisfied with the service performed and can verify the number of hours served.