



St. James Catholic High School
Community Service Hours Form

COMMUNITY INVOLVEMENT ACTIVITIES

ACTIVITY #2

PLACEMENT	
PRINT Name of Supervisor	
Supervisor's Signature	
Supervisor's Phone #	
Start Date	
End Date	
Number of Hour	
Number of Minutes	
Activity	

ACTIVITY #3

PLACEMENT	
PRINT Name of Supervisor	
Supervisor's Signature	
Supervisor's Phone #	
Start Date	
End Date	
Number of Hour	
Number of Minutes	
Activity	

PARENT/GUARDIAN SIGNATURE **DATE**