SAINT FRANCIS HIGH SCHOOL
1885 Miramonte Avenue
Mountain View, CA 94040

Office of Campus Ministry Religious Studies Department
650 968-1213 Fax 650 968-1706 www.sfhs.com

Holy Cross Service Program Verification Form

Students must enter service online before submitting forms to Campus Ministry.

PLEASE ATTACH BUSINESS CARD HERE

Student name _____ Grade _____

Agency/Organization _____

Are these core hours or extra hours? Core ☐ Extra Hours ☐

What group of people did you work with?

Poor ☐ Elderly ☐ Children ☐ Developmentally Disabled ☐

Did you work in direct contact with the people you were providing service for? Yes ☐ No ☐

Please note: Supervisor must initial each time the student works.

Date of Service _____ Number of hours _____ Supervisor Initials _____

Date of Service _____ Number of hours _____ Supervisor Initials _____

Date of Service _____ Number of hours _____ Supervisor Initials _____

If there are additional days, please write them on the back of the form and have the supervisor of service initial entry.

Total number of hours from back of form _____

Grand total of hours (front and back of form) _____

I have performed the service outlined above _____

Student signature

To be completed by the supervisor of service at the conclusion of the student's service.

Please do not sign this form unless the student has completed all of the documented hours in a satisfactory manner.

Student service performance was: excellent average poor

What work did the student do at the agency? _____

_____

_____

Comments _____

_____

Supervisor of service _____

Print name Signature

Agency address _____

Agency phone number _____

****Incomplete forms will not be accepted****

Attach an official business card or other original official document from the organization where you worked to this form. Documents from the organization's Website are unacceptable.