Our Lady of Mount Carmel School Service Form



| Name: | Grade: | |
|--|-----------------------------|------------------|
| Name of Service Organization: _ | | |
| Pre-approval signature: | Date: | |
| Area of service: school/church | home community | |
| Number of hours served: | | |
| Please write or type a description learned from this experience, and | • • | cluding what you |
| This section to be filled out by program | y the director of your ser | vice |
| Name: | Date: | |
| Signature testifying the above stu | dent volunteered his or her | · services: |
| Phone number: | | |
| *Please return this form to you | homeroom teacher by | • |