



St. Thomas Aquinas Secondary School "Faith Hope Love"

COMMUNITY SERVICE HOURS

Like good stewards of the manifest grace of God, serve one another with whatever gift each of you has received. (1 Peter 4:10)

STUDENT NAME (please print): _____

DATE: _____

Name, Location and Telephone # of Volunteer Organization	Number of VOLUNTEER hours	Description of VOLUNTEER HOURS	Dates of service provided	Supervisor's Name (please print) and Signature

TOTAL NUMBER OF VOLUNTEER HOURS SERVED: _____

Student Signature: _____

Parent Signature: _____

It is the Parent/Student's responsibility to provide the school with documented proof of hours completed. Return to Student Services for recording.