

Our Lady of the Lake Catholic Church
Community Service Sheet

Date: _____

Student Name: _____ Grade: _____

Proposed Project: _____

Number of hours: _____

Who is the service project supervisor? _____

Telephone Number: _____ Address: _____

Advisor's approval (see Religious Education Office for approval of proposed project)

Service project supervisor's signature: _____

(I certify that this student has completed _____ hours of volunteer service in the project described above.)

Date: _____