St. Michael the Archangel Catholic Church Youth Ministry

Community Service Credit Form

Student Name: _____

Project Title: _____

Contact Person: _____

To be completed by group/organization

Brief description of volunteer activity:

Total number of hours: _____ Date volunteered: _____

Supervisor name: _____

Supervisor position: _____

Supervisor signature: _____

Contact email: _____ Contact phone: _____

To be completed by student

I chose this project because:

I encountered Christ in this project by:

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