



St. Mary's School Community Service Form

Name: _____ Grade: _____

Name of Community Service Organization: _____

Address of CSO: _____

Date of Service: _____ Hours Served: _____

What did you do? _____

What did you learn? _____

.....

This section is to be completed by the person who supervises volunteers.

Name of Supervisor: _____

Title of Supervisor: _____

Telephone Number: _____

Comments: _____
