## Providence Catholic High School
## Sophomore ACTS Service Hours Verification/Evaluation Form

Directions: Please complete each section of this form completely. The adult supervisor must sign the form in the appropriate space to verify your service hours. Please complete the description and total hours and then ask the adult to sign your form. Finally, have your parents sign the bottom of this form when all service is completed. *Use more than one sheet if needed.*

Student Name: (please print) _____ Student ID #: _____

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Date of Service: _____ Type of Service (circle one): PCHS Church Non-Profit Individual Other

# Hours completed: _____ Name of Organization/Person you served: _____

Description of Work completed: _____

Name of Adult Supervisor (please print): _____ Signature: _____

(Either) Supervisor Phone #: (_____) _____-_____ or E-mail: _____

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Date of Service: _____ Type of Service (circle one): PCHS Church Non-Profit Individual Other

# Hours completed: _____ Name of Organization/Person you served: _____

Description of Work completed: _____

Name of Adult Supervisor (please print): _____ Signature: _____

(Either) Supervisor Phone #: (_____) _____-_____ or E-mail: _____

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Date of Service: _____ Type of Service (circle one): PCHS Church Non-Profit Individual Other

# Hours completed: _____ Name of Organization/Person you served: _____

Description of Work completed: _____

Name of Adult Supervisor (please print): _____ Signature: _____

(Either) Supervisor Phone #: (_____) _____-_____ or E-mail: _____

****Total hours: _____ Parent Signature: _____ Date: _____**