

# A.C.T.S. (A Call To Serve) Service Verification Sheet

Verifications are due by Tuesday, March 19, 2024 and are submitted with the student's service reflection.

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# \_\_\_\_\_

Spring Semester Theology Teacher: \_\_\_\_\_ Room # \_\_\_\_\_

Hours of Service: \_\_\_\_\_ Type of Service (circle one): PCHS Church Non-Profit Individual Other

Name of Organization/Person you served: \_\_\_\_\_

Description of Work completed: \_\_\_\_\_

Name of Adult Supervisor (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or E-mail: \_\_\_\_\_

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Hours of Service: \_\_\_\_\_ Type of Service (circle one): PCHS Church Non-Profit Individual Other

Name of Organization/Person you served: \_\_\_\_\_

Description of Work completed: \_\_\_\_\_

Name of Adult Supervisor (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or E-mail: \_\_\_\_\_

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Hours of Service: \_\_\_\_\_ Type of Service (circle one): PCHS Church Non-Profit Individual Other

Name of Organization/Person you served: \_\_\_\_\_

Description of Work completed: \_\_\_\_\_

Name of Adult Supervisor (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or E-mail: \_\_\_\_\_

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\*\*Total hours: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(use additional sheets if necessary)

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