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): PCHS Church Non-Profit Individual (not related) Other(not a business)

Name of Organization/Person you served: _____

Description of Work completed: _____

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

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

Hours of Service: _____ Type of Service (circle): PCHS Church Non-Profit Individual (not related) Other(not a business)

Name of Organization/Person you served: _____

Description of Work completed: _____

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

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

Hours of Service: _____ Type of Service (circle): PCHS Church Non-Profit Individual (not related) Other(not a business)

Name of Organization/Person you served: _____

Description of Work completed: _____

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

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

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

(use additional sheets if necessary)
