

OUR LADY QUEEN OF ANGELS PARISH
COMMUNITY SERVICE RECORD

Student Name: _____ Phone: _____

1. Name and Address of group/agency where service will be performed/provided:

Group/Agency phone number: _____

Service Start Date: _____ End Date: _____

2. Describe the nature of your service and the benefits to the community or group:

3. Indicate the quality of service provided: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

THE FOLLOWING SECTION MUST BE COMPLETED BY SITE SUPERVISOR

I certify that _____ has completed _____ hours in the service described above.

Supervisor's Name (printed)

Supervisor's Position/Title

Supervisor's Signature

Date