



## Service Record Form St. Francis Xavier Parish

*This form must be filled out completely to receive credit.*

### Youth Portion

Youth's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Service Site: \_\_\_\_\_ Date of service: \_\_\_\_\_

Explanation of service provided: \_\_\_\_\_

Total number of hours served: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Contact Person

*I verify that this student has satisfactorily completed the hours above.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization I represent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please use the other side for any comments)



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