



DUCHESSNE HIGH SCHOOL

SERVICE HOUR SUBMISSION FORM

Student Name: _____ Year of Graduation: _____

Organization Name: _____

Date(s) of Service: _____ Hours completed: _____

Supervisor Name: _____ Phone Number: _____

Supervisor Signature: _____ Date: _____

Which of the corporal/spiritual works of mercy does this service fulfill?

- | | | |
|---|---|---|
| <input type="checkbox"/> Feed the hungry | <input type="checkbox"/> Educate the ignorant | <input type="checkbox"/> Shelter the homeless |
| <input type="checkbox"/> Clothe the naked | <input type="checkbox"/> Assist the sick | <input type="checkbox"/> Pray for the living and the dead |

This qualifies as tutoring/mentoring for the A+ Program Yes No

Describe the type of work performed:

Describe what you have learned from this experience.

FOR OFFICE USE ONLY

Approved _____

Rejected _____ Reason: _____

Date: _____

Service Moderator's Signature: _____