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[cmetzger@connellyhs.org](mailto:cmetzger@connellyhs.org)*

## CAMPUS MINISTRY SERVICE HOURS VERIFICATION FORM

*(Students complete all of this section)*

Student name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name & complete address of organization where service was performed: (please print)

\_\_\_\_\_  
\_\_\_\_\_

House completed: \_\_\_\_\_ Type of work performed: \_\_\_\_\_

Briefly describe how this experience provided service to the community: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This meets the requirement for: (circle) Children – Poor – Elderly – Ecology – Other

If "Other," please explain: \_\_\_\_\_

*(Supervisor completes the following section)*

Please indicate what you feel were the strong points of this student:

Caring \_\_\_\_ Punctual \_\_\_\_ Polite \_\_\_\_ Patient \_\_\_\_ Cooperative \_\_\_\_ Reliable \_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor's name: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor's telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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