



# Cornelia Connelly School

## 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)

\_\_\_\_\_

Hours Completed: \_\_\_\_\_ Type of work performed: \_\_\_\_\_

Briefly describe how this experience provided service to the community.

\_\_\_\_\_

This meets the requirement for: (please 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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