



Cornelia
Connelly
School

Please wear a Connelly shirt when volunteering!
Have someone take photos of you volunteering!
Forward photos to cmetzger@connellyhs.org
Return form to Mrs. Townsend, Director of Campus Ministry

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: (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: _____

CORNELIA CONNELLY SCHOOL
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