



**Please wear a Connelly shirt when volunteering!  
Have someone take photos of you volunteering!  
Forward photos to [cwerelius@connellyhs.org](mailto:cwerelius@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)

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

Briefly describe how this experience provided service to the community:

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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: \_\_\_\_\_

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

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

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

**CORNELIA CONNELLY SCHOOL**  
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