

CHRISTIAN SERVICE HOURS (CSH) COMPLETION FORM

Student's name:	Theology teacher:	Grade:	Class period:	Type of service:
My service goes beyond my ordinary duty	/:	My service is a work	of Mercy:	
My service is without compensation:		My service fosters G	ospel value	25:

By checking this box, I certify that my service is **NOT** a Liturgical duty (i.e. serving at the altar, as a lector, in a choir, etc.) By checking this box, I certify that my service is **NOT** Household chores (i.e. mowing the lawn, baby-sitting, cleaning, etc.) By checking this box, I certify that my service is **NOT** Neighborhood chores (i.e. cleaning or helping at a festival, etc.) By checking this box, I certify that my service is **NOT** Neighborhood chores (i.e. during the school day, team duties, etc.)

Brief description of your service:	
Name and contact information of the organization (phone or e-mail):	

THE BOX BELOW IS FOR SUPERVISOR ONLY - DO NOT SIGN UNLESS ALL THE FIELDS ABOVE ARE DIGITALLY FILLED

Comments:	TOTAL # OF HOURS In the box below
Printed name: Date:	
Signature:	