

Gibault Catholic High School Service Hours

(Service hours must be turned in by the last day of the school quarter in which they were worked.
Any hours worked over the summer must be turned in by September 1st.)

Name: _____
Date Service Was Provided: _____ Number of Hours of Service Provided: _____

PLEASE CHECK ONLY ONE:

ACTIVITY

- _____ Octoberfest (set up / event / clean-up)
- _____ Open House
- _____ Feeder School Activities
- _____ Sports Camp
- _____ School Improvement Work
- _____ Athletic event
- _____ **OTHER HOURS AT SCHOOL** (please identify the activity/work)

FACULTY TO VERIFY COMPLETION

- Mr. Kidd or Mrs. Biske
- Mrs. Day or faculty/staff supervisor
- Mrs. Day
- Coach offering the camp
- Mr. Kidd or faculty/staff supervisor
- Mr. Kidd or the coach at the event

_____ **OTHER HOURS FOR OUTSIDE ORGANIZATION** (please identify organization and work completed)

I have completed the service hours described above. They were not completed during school hours or detention time.

Student Signature

Faculty/Supervisor Signature Verifying Task Completion

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