

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

Mrs. Lanham
Mrs. Day
Mrs. Hess
Coach offering the camp
Faculty/Staff Supervisor
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

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

Mrs. Lanham
Mrs. Day
Mrs. Hess
Coach offering the camp
Faculty/Staff Supervisor
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