

Community Service Report



Mount Michael Benedictine School – Elkhorn, Nebraska

Service must be unpaid work for non-related **needy individuals** or nonprofit **community service organizations/events**. An **adult signature** (or other documentation) is required for each activity. Summer service activities must be reported before the start of **Labor Day** weekend. Service during the school year must be reported before the start of **Memorial Day** weekend. Students must be current on hours (see handbook) to be eligible for academic honors.

STUDENT NAME:	Current Grade:	Graduation Class:
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I confirm that I have performed _____ hours of service as described below. I understand that reporting hours of service that were not actually performed, or otherwise falsifying information on this report, will result in student disciplinary action and potentially the assignment of additional service requirements.

Student Signature: _____ Date: _____

SERVICE ACTIVITIES

NAME OF PERSON / AGENCY SERVED: _____	DESCRIPTION OF SERVICE:	
CATEGORY: <input type="checkbox"/> <i>Needy Individual</i> <input type="checkbox"/> <i>Parish/School</i> <input type="checkbox"/> <i>Community</i>		
SUPERVISOR / ADULT CONTACT:	DATE(S):	# HOURS PERFORMED:
EMAIL ADDRESS:	PHONE:	ADULT SIGNATURE:

NAME OF PERSON / AGENCY SERVED: _____	DESCRIPTION OF SERVICE:	
CATEGORY: <input type="checkbox"/> <i>Needy Individual</i> <input type="checkbox"/> <i>Parish/School</i> <input type="checkbox"/> <i>Community</i>		
SUPERVISOR / ADULT CONTACT:	DATE(S):	# HOURS PERFORMED:
EMAIL ADDRESS:	PHONE:	ADULT SIGNATURE:

NAME OF PERSON / AGENCY SERVED: _____	DESCRIPTION OF SERVICE:	
CATEGORY: <input type="checkbox"/> <i>Needy Individual</i> <input type="checkbox"/> <i>Parish/School</i> <input type="checkbox"/> <i>Community</i>		
SUPERVISOR / ADULT CONTACT:	DATE(S):	# HOURS PERFORMED:
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NAME OF PERSON / AGENCY SERVED: _____	DESCRIPTION OF SERVICE:	
CATEGORY: <input type="checkbox"/> <i>Needy Individual</i> <input type="checkbox"/> <i>Parish/School</i> <input type="checkbox"/> <i>Community</i>		
SUPERVISOR / ADULT CONTACT:	DATE(S):	# HOURS PERFORMED:
EMAIL ADDRESS:	PHONE:	ADULT SIGNATURE: