

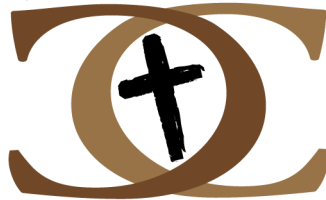


DOES YOUR SON DO
SERVICE OVER AND
BEYOND OUR IMPACT
WEEKS?

IF SO, HAVE HIM FILL OUT
THE FORM ON THE NEXT
PAGE AND RETURN TO
CAMPUS MINISTRY.

THIS WILL HELP US DECIDE
ON SERVICE AWARD
RECIPIENTS!

CAMPUS



MINISTRY

cespi carmelite high school



Student Name: _____

Year of Graduation: _____

This form is to verify works of service beyond the IMPACT weeks provided by Crespi Carmelite High School and will be used to determine Service Awards throughout your high school career. This form MUST be filled out completely and signed by student, parent, and service supervisor for it to count. Please return to the Campus Ministry Center when completed.

Service Project/Agency: _____

Service Performed: _____

How did the service you performed effect/impact you (to be filled out by student): _____

Date(s) of Service: _____ Approximate time given in Service: _____

➡ I attest that I have performed the service listed above without pay and of my own free will:

Student Signature: _____ Date: _____

➡ I attest that my son performed the service as described above:

Parent/Guardian Signature: _____ Date: _____

➡ I attest that the student above performed the service described under my supervision:

Supervisor Signature: _____ Date: _____

Name of Supervisor: _____ Phone Number: _____

Address of Agency: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Supervisor Comments: _____
