

St. Luke the Evangelist
Community Individual Service Hour Form

Student's Name _____ Confirmation Year _____
Print Clearly One or Two

Student Telephone # (____) ____ - _____

****Note: Service credit must be earned with no payment for retribution.****

Agency or Organization _____

Date of Service ____/____/____ Location _____

Nature of Service _____ Performance level _____

Number of Hours _____

Supervisor's name _____ Contact # (____) ____ - _____

Supervisor's Signature _____ Date ____/____/____

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