

BISHOP NEUMANN HIGH SCHOOL SERVICE PROGRAM

(Must be returned to school office within 30 days of service completed.)

Name of Student _____ Grade _____ Date Completed _____

Name of person doing service for _____ Phone number _____

Address of Service Project _____ Total time of service _____

Type of Service: (mark one)

- ◇ Service to Elderly, Disabled, unborn, sick or needy (has to be over age 65)
- ◇ Service in the parish community or to the pastor
- ◇ Service to the school or community (At least 5 hours must be outside of Bishop Neumann including Cavalry)
- ◇ Other (i.e. TEC, Sky Camp, Quest limited to 15 hours)

(Service can not be done for a relatives, (grandparents, aunts, uncles, parents/step-parents or for a business/organization that a student is also employed by.)

Description of service rendered

(who, where and/or qualifications for service, i.e. Helped John Doe, an elderly person, clean snow off his sidewalks.):

Printed Name of Supervisor

Signature of Supervisor

When leaving school for service this must be presented to or at place of service and
returned by student to school office when signing back into building.