

Xavier High School Christian Service Report

School Year 2016-2017

Semester: 1 2
(in which the service was completed)

Name (one name/form) _____

Homeroom teacher _____

Year in School: FR SO JR SR

Category of Service Completed: _____ Nursing Home/Hospital/Elderly
_____ Parish
_____ Community Organization (non-profit)
_____ Xavier/Other

Agency/Location of Service (not an address):

Date of Service: ___ / ___ / ___ Number of Service Hours: _____

Description of service: _____

Name of Contact Person: _____

Telephone Number of Contact Person: _____

Signature of Contact Person: _____
(Parents cannot sign unless they are in charge of an event)

Any questions should be directed to Ms. Kelly Wilda, Xavier Campus Minister, at 733-6632x6909 or kwilda@xaviercatholicschools.org

For Campus Ministry Office only:

Date verified:

Verified by: