

Xavier Middle School

Christian Service Report

School Year: 2016-2017

Semester: 1 2

Name: _____

Homeroom: _____

Year in School: 7th 8th

Agency/Location of Service: _____

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

Description of Service: _____

Name of Contact Person: _____

Telephone of Contact Person: _____

Signature of Contact Person: _____

Any questions should be directed to Mrs. Mary Benthein, 8th Grade Religion Teacher,
Xavier Middle School, mbenthein@xaviercatholicschools.org.

Date Verified:

Verified By: