



EPIPHANY CATHOLIC SCHOOL

*SERVICE **REPORT** FORM*

STUDENT NAME:

RELIGION TEACHER:

STUDENT EMAIL:

PERIOD #:

SERVICE PERFORMED AT
(organization):

DATES
WORKED:

HOURS
WORKED:

SERVICE PERFORMED:

ORGANIZATION SUPERVISOR:

EMAIL:

PHONE:

SIGNATURE: X_____

NOTE: ATTACH A LETTER FROM THE ORGANIZATION WHERE THE SERVICE WAS PERFORMED. LETTER MUST BE ON AN OFFICIAL LETTERHEAD AND INCLUDE AN ORIGINAL SIGNATURE. OR HAVE THIS REPORT FORM SIGNED ABOVE AND ATTACH AN OFFICIAL LETTERHEAD (BLANK) FROM THE ORGANIZATION. PLEASE TURN IN ONLY ORIGINALS. THANK YOU.