

**SAINT THERESA RELIGIOUS EDUCATION
COMMUNITY SERVICE RECORD (OUTSIDE PARISH)**

Student Name _____ Grade _____

Organization Name: _____

Organization Phone: _____

Project Supervisor Name: _____

Project Supervisor Contact Number: _____

Explanation of Duties: _____

Document each time service is done with date and number of hours:

<u>Date</u>	<u>Time In – Time Out</u>	<u>Date</u>	<u>Time In – Time Out</u>
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Total Hours Completed: _____

Signature of Supervising Adult:

_____ **Date** _____

Supervisor Name (print):
