



Saint Jude the Apostle School

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SERVICE INFORMATION SHEET

Grade _____

NAME OF CHILD

DATE/DATES OF SERVICE

NAME AND LOCATION OF ORGANIZATION FOR WHICH SERVICE WAS PERFORMED

DESCRIPTION OF SERVICE RENDERED

TYPE OF SERVICE

SCHOOL _____

PARISH _____

COMMUNITY _____

START TIME _____

END TIME _____

TOTAL TIME _____

SIGNATURE OF SUPERVISOR OR RECIPIENT OF SERVICE

PARENT'S SIGNATURE _____

CHILD'S SIGNATURE _____
