

HOLYOKE CATHOLIC HIGH SCHOOL
SERVICE VERIFICATION FORM

Student name _____ Number of hours served _____

Religion course name _____

Class Period _____

Name and address of place where you did your service (Reminder:
Required service does not refer to favors for neighbors, friends, and
relatives. Service outside HCHS refers to your parish, local hospitals,
and nursing homes, soup kitchens, etc.):

Name of adult who supervised your service _____

Telephone number of adult supervisor _____

E-mail of adult supervisor _____

SIGNATURE OF ADULT SUPERVISOR (Please sign this form only if you
were satisfied with the service performed and can verify the number of
hours in the upper right hand corner of this form.)

Thank you for supervising the work of a Holyoke Catholic student!