

**ST. VINCENT DE PAUL ELEMENTARY SCHOOL  
SERVICE HOURS**

Please carefully complete the following to provide the school with the appropriate record of your service.

**STUDENT SECTION: To be completed by the student.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Describe Volunteer Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

**ADULT SECTION: Verification of Service Hours. To be completed by the Community/Church/School Agency Coordinator.**

I verify that \_\_\_\_\_ completed \_\_\_\_\_ hours as a volunteer performing the service described above.

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**ST. VINCENT DE PAUL ELEMENTARY SCHOOL  
SERVICE HOURS**

Please carefully complete the following to provide the school with the appropriate record of your service.

**STUDENT SECTION: To be completed by the student.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Describe Volunteer Service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ # OF HOURS: \_\_\_\_\_

**ADULT SECTION: Verification of Service Hours. To be completed by the Community/Church/School Agency Coordinator.**

I verify that \_\_\_\_\_ completed \_\_\_\_\_ hours as a volunteer performing the service described above.

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_