

**Saint Joseph Academy, Inc.**  
**155 State Road 207**  
**St. Augustine, Florida 32084**  
 Phone: (904)824-0431/Fax: (904)826-4477

## COMMUNITY SERVICE FORM

YOU WILL NEED ONE OF THESE SHEETS FOR EACH DIFFERENT AGENCY/ORGANIZATION THAT YOU WORK WITH

Student Name: _____	Grade: _____
Theology Teacher: _____	
Signature Theology Teacher: _____	
(Approval prior to doing service)	

**Agency/Organization:**

Date of Service	Type of Work (Describe what you did)	Category (Poverty, Youth, Elderly, Etc.)	Total Hours

Name of Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

**Total hours on this sheet:**