



155 SR 207 • St. Augustine, FL 32084
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Community Service Verification Sheet

Student Name: _____ Grade: _____

Theology Teacher: _____

Approval of Theology Instructor _____
(Approval is needed prior to completing service)

Date of Service	Agency	Type of Work	Category of Service	Number of Hours

The above named student has satisfactorily completed _____ hours of community service.

Name of Supervisor _____ Phone _____

Signature of Supervisor _____ Date _____

Signature of Parent _____ Date _____

You will need one of these sheets for each different agency or group that you work with.

“Amen I say to you, whatever you did for one of the least of mine, you did for me.” (Mt 25:40)