Request for Service Hours Approval Form

Print Student Name:		Date:	
Religion Teacher:	Rel. Period	_ Graduation Year:	
Name and address of organization or	agency where you will serve?		
What service will you perform? (Plea	use be as specific as possible.)		
How often and amount of time will yo	ou perform this service?		
Print Name and telephone number of	person who will supervise you	r service.	
Name:	Ph	one No.: ()	
Student's Signature	Date		
Parent's Signature	Date		
	vice will count for: 100 / 75	points per hour)	
Request Not Approved: Reason Not Approved:			
Campus Ministry Service Hours Co	oordinator Dat		

If approved, this form AND a completed Service Hours Verification Form for this service MUST BE submitted when you turn in your Service Hours Log and Service Hour Form(s).