

Saint Joseph High School Service Hour Approval Form

(Must be approved BEFORE completion of hours)

Student Name: _____

Religion Teacher: _____

Grade (circle one): 11 12

In-School Hours (all fields must be filled out)

Name of Teacher: _____

Description of Service:

Teacher Signature: _____

Director of Campus Ministry or Religion Teacher Signature:

Out of School Hours (all fields must be filled out)

Name and Address of Organization:

Supervisor Name: _____

Email Address: _____

Phone Number: _____

Director of Campus Ministry or Religion Teacher Signature:
