

585 Main Street
South Meriden, CT 06451
(203) 237-8697
www.holyangelschurch.org

Student Community Service Hours

Student Name: _____

Teacher & Grade: _____

Please be advised that the above named student of Holy Angels Religious Education Program has completed _____ hour(s) of Community Service.

Organization/Group: _____

Date(s) of service and action performed: _____

How does this service demonstrate "Apostolic Works of Mercy?" Reflect and Explain:

Student signature

Date

I verify that the above named student participated in the activity as recorded.

Name of supervising adult (printed) / Title

Phone number

Supervising adult signature

Date