



*Saint Andrew Catholic School
Community Service Verification Form*

Student Name: _____

Date of Service: _____

Service Performed: _____

(To be completed by coordinator)

of hours student volunteered on this date: _____

Description of student volunteer work:

Coordinator's name: _____

Coordinator's signature: _____

Today's date: _____

(To be completed by student)

Student Reflection:

Student Signature: _____

*"Do to others as you would
have them do to you."*

Luke 6:31

