EPIPHANY CATHOLIC SCHOOL

*SERVICE **GROUP REPORT** FORM*

SERVICE PERFORMED AT (ORGANIZATION)
DATES WORKED:

DESCRIPTION OF SERVICE:
ORGANIZATION SUPERVISOR:
PHONE:
SIGNATURE:

NOTE: **ATTACH A LETTER FROM THE ORGANIZATION WHERE THE SERVICE WAS PERFORMED ON AN OFFICIAL LETTERHEAD WITH AN ORIGINAL SIGNATURE. OR INCLUDE ORGANIZATION/CHURCH SEAL. *ORIGINALS ONLY*.**

STUDENT PARTICIPANTS			
NAME	**TEACHER**	**PD#**	**HOURS**

STUDENT PARTICIPANTS			
NAME	TEACHER	PD#	HOURS