

## St. Agnes School Student Service Commitment Form

Name \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

Place _____ Date _____ Hours Worked _____ Description of Service: Family _____ Parish _____ School _____ Community _____ Student Reflection: _____ _____ _____ _____	Place _____ Date _____ Hours Worked _____ Description of Service: Family _____ Parish _____ School _____ Community _____ Student Reflection: _____ _____ _____ _____
Verified by _____ Phone _____ Accepted _____ Recorded _____	Verified by _____ Phone _____ Accepted _____ Recorded _____
Place _____ Date _____ Hours Worked _____ Description of Service: Family _____ Parish _____ School _____ Community _____ Student Reflection: _____ _____ _____ _____	Place _____ Date _____ Hours Worked _____ Description of Service: Family _____ Parish _____ School _____ Community _____ Student Reflection: _____ _____ _____ _____
Verified by _____ Phone _____ Accepted _____ Recorded _____	Verified by _____ Phone _____ Accepted _____ Recorded _____

NOTE: Acceptance of service should be sought before service is rendered from the person to be served. Signature and phone number of adult are required for verification.