

**St. Paul's RC Church
Community Service Confirmation Form**

Total number of hours worked _____

Department or Organization where work was done:

Name of Supervisor:

(Please print)

Address: _____

Work Phone: _____

E-Mail: _____

Description of work done:

I hereby acknowledge that the work as described above had been satisfactorily and fully completed and that no monetary remuneration was paid.

SIGNED: _____

Title: _____

Date: _____

Name of Student (please print)

Name: _____

Student's Signature:

Date: _____

Please return form to: Sister Lawrence Therese