

Xavier Middle School

Christian Service Report

School Year: 2019-2020

Semester: 1 2

Name: _____

Homeroom: _____

Religion Hour _____

Year in School: 7th 8th

Agency/Location of Service: _____

Date of Service: ____/____/____

Number of Service Hours: _____

Description of Service: _____

Name of Contact Person: _____

Telephone of Contact Person: _____

Signature of Contact Person: _____

Any questions should be directed to Campus Ministry, Mrs. Mary Benthein,

mbenthein@xaviercatholicschools.org or Mrs. Amy Krull akrull@xaviercatholicschools.org.

_____ *Do not write below this line.* _____

Date Verified:

Verified By: