



# HOUSE SERVICE FORM

Community Service Verification Form for House System

Name: \_\_\_\_\_

House: \_\_\_\_\_

Advisory Teacher: \_\_\_\_\_

Service Date(s) and time(s): \_\_\_\_\_

Total Number of Hours served: \_\_\_\_\_

Organization where service was completed: \_\_\_\_\_

Describe the service performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Forms should be turned in to your Advisory teacher. Please direct any questions or concerns to Fr. Manning at [FrManning@myndhs.com](mailto:FrManning@myndhs.com).

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To be completed by activity contact

Contact (printed name and title): \_\_\_\_\_

Contact signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

