

Saint Joseph Academy, Inc.
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St. Augustine, Florida 32084
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COMMUNITY SERVICE FORM

YOU WILL NEED ONE OF THESE SHEETS FOR EACH DIFFERENT AGENCY/ORGANIZATION THAT YOU WORK WITH

Student Name: _____ Grade: _____

Theology Teacher: _____

Signature Theology Teacher: _____
 (Approval prior to doing service)

Agency/Organization: _____

Date of Service	Type of Work (Describe what you did)	Category (Poverty, Youth, Elderly, Etc.)	Total Hours

Name of Supervisor: _____

Phone: _____

Signature of Supervisor: _____

Date: _____

Signature of Parent: _____

Date: _____

Total hours on this sheet: _____

(Note: Additional forms are available through the SJA website, www.sjaweb.org.)

Revised: May 2008