

ST. DOMINIC HIGH SCHOOL CHRISTIAN SERVICE PROGRAM

SENIOR CLASS SERVICE PROJECT APPROVAL FORM

Student's Name: _____ Class of _____

Phone for student: _____

Place of Service / Agency serving: _____

Supervisor of Service: _____

Supervisor or agency phone or email: _____

Description of service to be performed:

Number of hours expected: _____ (min 25 hours @ one agency)

Student signature: _____

Parent signature: _____

Office use only:

Approved: _____ Rejected: _____

Approving Person: _____

Date: _____

Confirmed with Student: _____