

Bishop Verot Christian Service Hours Submittal Form

2020 - 2021

Student's Name: _____

Grade: _____

Pre-Approval Signature if Needed	Description of Service	Agency / Organization	Date	Times in and out	Total Hours	Site Supervisor Signature	Supervisor Phone #
						Printed Name: Signature:	
						Printed Name: Signature:	
						Printed Name: Signature:	
						Printed Name: Signature:	
						Printed Name: Signature:	

Total Hours: _____