



*Monsignor McClancy Memorial High School
Office of Campus Ministry*

Student Service Hours Activity Log

Student Name: _____

Students: You must record and submit a completed time sheet to Mrs. Sciame-Dodato, Campus Minister, with your service experience and appropriate signature on the second and fourth Friday of each month.

Supervisors: Please print your name, organization, and phone number at the bottom of this page. Also, please sign this sheet every time you work with this student, to confirm that the student performed the service hours.

Thank you for your support with our service program.

Date:	Total Hours:	Service Performed	Supervisor Signature:

Supervisor's Name (Please Print): _____

Parish/School/Agency Name (Please Print)

Phone Number

(Office Use: Date Received: _____)