Holy Family School Christian Ministry Hours Form

Name_____ Class _____

Description of Service _____

_____

Name of Organization or person(s) served: _____

Length of service_____ Category: ___ Adopt-A-Child ____Home ____ Parish
___ Community ____School ____ Group
Altar Servers – Date _____ Time _____ Priest _____

_____ _____
Student signature Date

_____ _____
Signature of Supervision Adult Date

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