



Service Record Form
St. Francis Xavier Parish

This form must be filled out completely to receive credit.

Youth Portion

Youth's name: _____

Phone: _____ Grade: _____ Email: _____

Service Site: _____ Date of service: _____

Explanation of service provided: _____

Total number of hours served: _____

Student signature: _____ Date: _____

Contact Person

I verify that this student has satisfactorily completed the hours above.

Name: _____ Phone: _____

Organization I represent: _____

Signature: _____ Date: _____

(Please use the other side for any comments)