

Verification of Service Project Completed

Please fill out all the information below:

Name: First \_\_\_\_\_ Last \_\_\_\_\_

Name of your teacher: \_\_\_\_\_

Circle your Level:    L7    L8    L9    L10

Class time-please circle:    5:00 p.m.    7:00 p.m.

This signed form confirms that the above named has participated in the service project

At: \_\_\_\_\_

On: \_\_\_\_\_ (date).

Signed \_\_\_\_\_ (Teacher chaperoning)

This sheet should be given to your regular Faith Formation teacher who will record your attendance on their class Service Project attendance sheet.