

# COMMUNITY SERVICE APPROVAL FORM

## CATHOLIC HIGH MISSION STATEMENT

*The mission of Catholic High School is to serve the families of our Catholic parishes and the wider community in general by providing a Catholic education in a caring environment that stresses academic excellence.*

*Catholic High School is committed to developing the total person in body, mind and spirit.*

*We pledge to teach the message of the Gospel and the tradition, to form a school community of faith, to provide experiences of liturgy and prayer, and to guide the students to loving service.*

*We will encourage, challenge, and support each student to learn enthusiastically, to lead honorably, and to live responsibly in our world.*

Upon choosing a service activity, it is the responsibility of the student to seek the approval of a CHS Staff member before beginning the project. Projects that have not been approved in writing before work begins may not be considered part of the 100 hours of required service.

**Approval** – to be completed by student and CHS Staff

Date \_\_\_\_\_ Student's Name: \_\_\_\_\_

Class of: 07 08 09 10 Organization Name: \_\_\_\_\_

Organization's Contact Person: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_ Proposed Service Date(s) \_\_\_\_\_

Description of Proposed Service \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
CHS Staff Member

**To be Completed by Service Supervisor:**

Name & Title of Supervisor \_\_\_\_\_

Service Date(s) \_\_\_\_\_ Hours Completed \_\_\_\_\_

Please rate the CHS Student on the following criteria by circling the appropriate comments listed below and provide additional comments on the back of this sheet:

<b>COOPERATION</b>	Excellent	Very Good	Good	Fair	Poor
<b>EFFORT</b>	Excellent	Very Good	Good	Fair	Poor
<b>ATTITUDE</b>	Excellent	Very Good	Good	Fair	Poor
<b>INITIATIVE</b>	Excellent	Very Good	Good	Fair	Poor

I verify that the Catholic High School student named above provided service to the people of our organization for the number of hours on the date(s) listed above.

\_\_\_\_\_  
(Service Supervisor Signature)

**COMPLETE BACK SIDE OF FORM FOR MULTIPLE HOURS ON THE SAME PROJECT**

Rev. 06/27/06

