

XAVERIAN COMMUNITY SERVICE VERIFICATION FORM 2017-2018 School Year

Name: _____ Date: _____

Student ID: _____ Grade: _____ Community Number: _____

Organization Served: _____

Organization Contact Name: _____

Organization Phone Number/Email: _____

- Check One:
- ☐ I submitted an Intent to Serve form or emailed Ms. Fess prior to doing this service, and it was approved.
 - ☐ This organization is listed on the school website or was emailed out by a GC faculty member, so I did not submit an Intent to Serve Request.
 - ☐ I did not submit an Intent to Serve Request prior to doing this service, and I understand that this activity may not count toward my Service Requirements.
 - ☐ This service activity is not approved according to the Service Requirements, but these hours should be added to my documented Service Hours beyond the required amount.

Any misrepresentation of information on this form will result in academic disciplinary action and/or an automatic failing grade in Xaverian Service for this school year.

***Form must be completely filled out in order to be considered for credit.**

**STUDENTS MUST SUBMIT 2 COPIES
OF THIS FORM TO CAMPUS MINISTRY
WITHIN ONE MONTH (30 calendar days) of
completion**

THIS SECTION SHOULD BE COMPLETED BY THE SUPERVISOR:

Date of Service	Service Times	Brief Description of Duties	Supervisor Initials for Habitual Service at this site
	__ : __ to __ : __		
	__ : __ to __ : __		
	__ : __ to __ : __		
	__ : __ to __ : __		
	__ : __ to __ : __		
	__ : __ to __ : __		
	__ : __ to __ : __		
	__ : __ to __ : __		
Total Number of Hours:		<p>*10 hours max can be claimed per day</p> <p>*transportation time does not count towards total</p>	

Supervisor Signature (must match "Organization Contact" listed above):
