



CHRISTIAN SERVICE HOURS (CSH) COMPLETION FORM

Student's name:	Grade:	Theology class:	Theology teacher:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of service:	Number of hours:	Date of completion * :	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Standards check list: select your answer for each of the following standards

My service goes beyond my ordinary duty:	<input type="text"/>	My service is a work <u>of</u> Mercy:	<input type="text"/>
My service is without material compensation:	<input type="text"/>	My service fosters Gospel values:	<input type="text"/>

- By checking this box, I certify that my service is NOT a Liturgical duty (i.e. serving at the altar, as a lector, in a choir, etc.)
- By checking this box, I certify that my service is NOT Household chores (i.e. mowing the lawn, babysitting, cleaning, etc.)
- By checking this box, I certify that my service is NOT Neighborhood chores (i.e. cleaning or helping at a festival, etc.)
- By checking this box, I certify that my service is NOT School Responsibilities (i.e. during the school day, team duties, etc.)
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Brief description of your service:	<input type="text"/>		
Location Complete name and address: (if not at school)	Mentor's name:	<input type="text"/>	
	Mentor's contact information :	<input type="text"/>	

Mentor's signature:	_____	Date:	_____
Mentor's Comments:	_____ _____		