



Holy Virgin Martyrs Religious Education

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SCHILLER PARK, IL 60176
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SERVICE HOUR FORM

Name: _____ Grade: _____

Date Completed: _____ Hours Completed: _____

Service Hour Activity Description:

Explain How This Activity Helped Others And How It Made You Feel.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Check One: Recipient of Service Activity Leader of Organization

Signature: _____ Date: _____

