



ST. BRENDAN
CATHOLIC HIGH SCHOOL

30th Anniversary 1975-2005

ST. BRENDAN HIGH SCHOOL COMMUNITY SERVICE REPORT FORM

TO BE COMPLETED BY THE STUDENTS:

Student Name _____ Grade _____

Student ID _____ Total Hours of Service _____

Date(s) and Actual Timed Worked _____

Name of Organization _____

Nature of Work (explain briefly) _____

I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high standards of integrity of St. Brendan High School Mission.

Student's signature _____ Date _____

TO BE COMPLETED BY THE ADULT SUPERVISOR/PROJECT CONTACT:

Adult Supervisor's Name _____

Daytime Phone# _____ E-mail _____

Position with agency/organization _____

Actual # of hours the student worked _____ Verify with initials _____

Evaluation of the student's work or comments: _____

I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high level of integrity of my organization.

Supervisor's Signature _____ *Date* _____

Note: Please fill out this form only at the completion of the student's work for your agency/organization/project. You may return the completed form to the student to turn to Deacon Blanco in room B104, or you may mail it directly:

*Deacon Blanco
St. Brendan High School
2950 S.W. 87th Ave.
Miami, Florida 33165*

Reporting of hours is ultimately the student's responsibility. If you have any question please call me at 305-223-5181 ext. 213 or e-mail me at eblanco@bellsouth.net