



CHARLESTON CATHOLIC HIGH SCHOOL
COMMUNITY SERVICE ACTIVITY FORM

NAME _____ GRADE _____ THEOLOGY PERIOD _____

Date(s) Service Rendered _____ Total Time: _____ Hours

Theology Teacher's Verification (Teacher to Initial): _____

Describe the activity and the service you performed (What specifically did you do?)

Service to those in special need?* ____ Yes ____ No

If Yes, Explain:

Signature - adult coordinating this service opportunity or parent:

"I affirm that _____ performed the community service described above."

Signature _____ Phone # _____

* All students at CCHS are required to perform a certain number of community service hours each year. Service activities can be either organized or as a response to needs that are presented in students' daily lives. It is expected that community service takes the student beyond the needs of his/her immediate family and circle of friends. A certain amount of hours need to be in service with people in special need (poor, sick, elderly, physically or mentally challenged, etc.).

In a paragraph or two describe some learning's from your involvement in this activity.