SAINT THOMAS MORE SCHOOL

Service Hours Form

Date: _____

Student: _____ Grade: _____

Name of Organization/Agency: _____

Name of Supervisor: _____

Address of Organization/Agency: _____

Phone Number of Organization/Agency: _____

Email of Organization/Agency Contact: _____

Brief description of community service performed:

_____

_____

_____

_____

_____

Number of Hours Performed: _____

Signature of Organization/Agency Supervisor: _____

Signature of Parent or Guardian: _____

Date Turned In: _____ Signature of Recipient: _____

788 Ohio Pike
Cincinnati, OH 45245
513.753.2540
www.sttmschool.org