



13900 Masonic Blvd. • Warren, MI 48088
(586) 585-0500 • Fax (586) 585-0507 • www.reginahs.com

CHRISTIAN COMMUNITY SERVICE HOURS DOCUMENTATION

To be completed by the student (please print):

Student Name: _____ Graduation Year: _____

Service Organization: _____

Date(s) of Service: _____

Number of Hours of Service Performed: _____

This service is for: _____ Regina _____ Parish _____ Community

Explanation of Service: _____

I have completed the listed service hours for the above organization to the best of my ability. I abided by the regulations and policies of the organization.

Student Signature: _____ Date: _____

To be completed by the organization supervisor (please print):

Supervisor Name: _____

Title: _____ Phone: _____

As a representative of _____, I agree that the above student successfully completed the given number of service hours under my supervision.

Supervisor Signature: _____ Date: _____

PLEASE FAX OR MAIL THIS FORM TO REGINA HIGH SCHOOL C/O CHRISTIAN COMMUNITY SERVICE.

Office Use

CSS Director Approval: _____

Hours Credited: _____

Date Entered: _____

Fax: _____

Mail: _____

Verification: _____