

Joliet Catholic Academy
Christian Service Verification Form



IMPORTANT: This form must be completed in full before service hours will be applied.

Student Name: _____

Religion Teacher: _____ **Period:** _____ **Circle One: 9 10 11 12**

Name of Institution where service was provided: _____

Address of Institution: _____

Phone Number of Institution: _____

Contact Person: _____

Write a description of the type of work that was performed (be specific):

Date(s) work was performed: _____

Number of Hour(s) performed: _____

Contact Person's Signature: _____ **Date** _____

Check One: *People in Need Hours _____ ***Institution Hours** _____

Your hours will be applied toward one or the other based on the descriptions below and found in your handbook. Please see Mrs. Barrett with questions.

***People in Need Hours-**Service in which students work directly with individuals in need.
Examples: Helping residents play bingo at a retirement community, volunteering at a hospital

***Institution Hours-** Service in which students perform tasks for organizations that help people in need or volunteering at JCA. Examples: filing papers for the MDA office, volunteering at JCA's football camp.

***Remember at least 1/2 of your total hours must be People in Need hours**
