

Verification of Service Hours

Date of service: _____

Student's name: _____

Type of service* performed: _____

Direct supervisor of service activity: _____

Direct supervisor's title: _____

Total number of hours: _____

I, _____ verify that the above student mentioned
(Supervisor's signature)
participated as an active member in service at our community today.

*Service is defined by a voluntary contribution made to the community, done without compensation and with a positive, courteous, and enthusiastic spirit.

St. Vincent de Paul
Office of Religious Education / Youth Ministry
2441 Seneca St. P.O. Box 290
Springbrook, NY 14140
716.652.7242
Stvincentccd@gmail.com
Website: stvincentspringbrook.weconnect.com