

ROSARY HIGH SCHOOL

901 N. Edgelawn Drive, Aurora, IL 60506

Ph. 630-896-0831

www.rosaryhs.com



Service Hours Form

Name: _____ Grade: _____ Theology teacher initials: _____

Date: _____

For a complete explanation of the Rosary High School service commitment and requirement see the current RHS Handbook.

Name of organization where I provided community service: _____

This organization is (check one):

- a tax-exempt, not-for-profit, charitable organization
- a tax-exempt, not-for-profit, community organization/activity
- a parish
- a school

Description of the services this organization provides to the community **to give witness to our Christian values:**

[To be completed by student.]

Description of the specific service I provided for this organization:

[To be completed by student.]

Service date(s): _____ Number of hours: _____

Supervisor's name (print): _____

Supervisor's signature: _____

Parent may sign only if parent was supervisor/chairperson of charitable event.

Supervisor's phone: _____

Supervisor's email: _____

Keep a copy of your service hours for your personal records.