



MINISTRY OF MAGIS

Off-Campus Service Hour Verification Form

Students are required to complete this form and accompanying service hour record sheet for each organization/agency they serve in.

Name of Student: _____ Grade: _____

Name of Organization/Agency: _____

Organization / Agency Address and/or Website: _____

Organization/Agency Contact Person: _____

E-mail/Phone Number of Contact Person: _____

Provide a description of the organization/agency and your ministry:

Describe the people/communities being served by the organization/agency?

What is the nature of service(s) provided by the organization/agency?

What problems, issues, or needs does the organization/agency address?

How did you help? How might you continue to contribute?

St. Jeanne de Lestonnac School
32650 Avenida Lestonnac
Temecula, CA 92592

Off-Campus Service Hour Record Sheet

Entries must be accurate and honest. Hours must represent actual time spent volunteering and/or observing (travel or sleep time does not qualify). Each entry must be verified by a supervisor with confirmation of name and initials. At the end of service hours, students and the organization/agency supervisor must sign and date to officially verify hours served.

Date mo/day/yr	Description of Service	Hours	Supervisor Name	Supervisor Initials

Student's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

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