

**BISHOP GUILFOYLE CATHOLIC HIGH SCHOOL 2009-2010  
CHRISTIAN SERVICE PROGRAM**

**NAME** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **PARENTS:** \_\_\_\_\_

**PLACE OF SERVICE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Complete mailing address

City/Town

State

Zip code

**ACTIVITY/DUTY PERFORMED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NUMBER OF HOURS:** \_\_\_\_\_

**SUPERVISOR:** \_\_\_\_\_

(Please print full name and title)

**SUPERVISOR'S COMMENTS:**

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_

**DATE OF SIGNATURE:** \_\_\_\_\_

**PHONE # OF SUPERVISOR:** \_\_\_\_\_