

St. James School Community Service Hours Form

Name: _____ Student Name: _____

Below is an accounting of the hours I/we performed the month of: _____

# of hours	Description of volunteer work/fundraiser

Please fill in hours worked for the month and return this form to the office at the end of each month.

Thank you for making a difference!!

St. James School Community Service Hours Form

Name: _____ Student Name: _____

Below is an accounting of the hours I/we performed the month of: _____

# of hours	Description of volunteer work/fundraiser

Please fill in hours worked for the month and return this form to the office at the end of each month.

Thank you for making a difference!!