

Name: _____ Date: _____ Graduation Year: _____

HELIAS SERVICE HOURS *All students need to complete 50 hours of service by the end of 1st Semester of senior year.*

<u>Date</u> service performed	List the <u>non-profit Agency**</u> : place you worked and describe the work done Service may not be done for individuals i.e.: Family members, neighbors, babysitting.	<u>Hours</u> completed	Name of <u>Contact Person</u> email or phone number where the person can be reached	<u>Valid signature</u> only by contact person listed

** A list of approved agencies can be found on the website. If an agency is not listed, you may request approval to add one by emailing the campus minister at Helias Catholic High School, jbrandt@heliashs.com. Please be sure to include name of agency, the work they do, contact information for the person in charge of volunteers. 6/25/14 – revised