

MERCY HIGH SCHOOL SERVICE PROGRAM

Individual Record Form

“Mercy High School nurtures compassionate leaders committed to addressing human needs, working for justice and serving the poor.”

-- Mercy High School Mission Statement

Date _____

Student Name _____ Class of _____

Adviser Name _____ Adviser _____

Institution/Organization _____

Telephone # of Institution/Organization _____

Description of Service:

Date of Work _____ Total # of Hours _____

Contact Person/Supervisor's Signature _____

Print Supervisor' Name _____

*****Indicated by your signature below, both the student and parent attest that this service has been completed as documented above.**

Student Signature _____ Date _____

Parent Signature _____ Date _____

PLEASE RETURN THIS FORM TO MRS. DENNIS IN ROOM E-35 AS SOON AS POSSIBLE AFTER THE SERVICE RENDERED.

THANK YOU FOR YOUR SERVICE WE APPRECIATE YOU!