

**MERCY HIGH SCHOOL  
SERVICE PROGRAM**  
Individual Record Form

*“Mercy High School, a Catholic Preparatory school immersed in the tradition of the Sisters of Mercy, educates and inspires young women of diverse backgrounds to lead and serve with compassion.”*

-- Mercy High School Mission Statement

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Class of **20** \_\_\_\_\_

Adviser Name \_\_\_\_\_

Institution/Organization \_\_\_\_\_

Telephone # of Institution/Organization \_\_\_\_\_

Description of Service:

Date of Work \_\_\_\_\_ Total # of Hours \_\_\_\_\_

Contact Person/Supervisor's Signature\* \_\_\_\_\_

Print Supervisor' Name \_\_\_\_\_

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**\*\*\*\*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. JUDI GRIGGS-DENNIS IN **PASTORAL TEAM**  
AS SOON AS POSSIBLE AFTER THE SERVICE RENDERED.

*\*Cannot be Parent Signature unless prior approval is given.*

**THANK YOU FOR YOUR SERVICE! WE APPRECIATE YOU!**