

**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 **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 _____

*******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 **PASTORAL TEAM** AS SOON AS POSSIBLE AFTER THE SERVICE RENDERED.

THANK YOU FOR YOUR SERVICE WE APPRECIATE YOU!