

SAINT JOHN VIANNEY
CATHOLIC CHURCH

Application for Community Service Hours for Minors

Name: _____

Date of Birth: _____ **ID #:** _____

Phone Number: _____ **Email:** _____

Address: _____

Reason for Community Service: _____

Organization Requesting Service: _____

Is there an individual we can contact within this organization? _____

Name: _____

Phone Number: _____ **Email:** _____

Availability: During which hours are you available for volunteering assignments?

_____ Weekday mornings _____ Weekday afternoons

_____ Weekday evenings _____ Weekends

I certify that the information contained in this form is true and complete. I authorize the verification of any or all information listed above.

Signature: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____

If you are younger than 16 years of age, you must be accompanied by a parent/guardian in order to volunteer with the Social Service Ministries.

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CATHOLIC CHURCH

Community Service Hours Timesheet

Name: _____

	Date	Time In	Time Out	Total Hours	Supervisor Initials
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
	<u>GRAND TOTAL HOURS:</u>				

SJV Supervisor: _____

SJV Supervisor Signature: _____

Title of Supervisor: _____

Date Community Service Hours Completed: _____