



Central Catholic High School Service Documentation Form

Students are highly encouraged to complete this form at the time service is provided.

Name of student providing service _____

Date of service: ____/____/20 Time ____:____ am / pm to ____:____ am / pm

Location where service was provided: _____

Describe service performed: _____

To be completed by adult supervisor

Please print name: _____

I verify that _____ hours of service were performed as described above.

Supervisor signature _____

Title/Position _____

Phone: (____) _____

Mission Statement

The mission of Central Catholic High School, as a faith community of the Roman Catholic Diocese of Youngstown, is to develop in our students, faith, academic excellence, leadership, and a commitment to service and social justice, guided by the light of Jesus Christ.

Student signature

Student Grade (9, 10, 11, 12): ____

Student should return this form to the Central Catholic Attendance Office



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