

# ST. DOMINIC HIGH SCHOOL CHRISTIAN SERVICE PROGRAM

## SENIOR CLASS SERVICE PROJECT APPROVAL FORM

Student's Name: \_\_\_\_\_ Class of \_\_\_\_\_

Phone for student: \_\_\_\_\_

Place of Service / Agency serving: \_\_\_\_\_

Supervisor of Service: \_\_\_\_\_

Supervisor or agency phone or email: \_\_\_\_\_

Description of service to be performed:

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Number of hours expected: \_\_\_\_\_ (min 25 hours @ one agency)

Student signature: \_\_\_\_\_

Parent signature: \_\_\_\_\_

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Office use only:

Approved: \_\_\_\_\_

Rejected: \_\_\_\_\_

Reason: \_\_\_\_\_

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Service Moderator signature \_\_\_\_\_

Date: \_\_\_\_\_

Copy given to student: \_\_\_\_\_