

**St. Apollinaris School
Christian Ministry**

Date of service: _____ Time of service: from _____ to _____

Services provided for: _____
Name of school, organization, club, etc.

Description of services provided: _____

Student's Name (Print)

Student's Signature

Supervisor's Name (Print)

Supervisor's Signature

RETURN TO 6TH, 7TH OR 8TH GRADE TEACHER

(FOR OFFICE USE ONLY)

SCHOOL _____ CHURCH _____ COMMUNITY _____

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