SAINT MARY’S HIGH SCHOOL
CHRISTIAN SERVICE PROGRAM

VOLUNTEER SERVICE VERIFICATION FORM
This form must be turned in for all service credit

Name ___________________________ Date __________ Class of ______

The purpose of the document is to confirm that _______________________

Has completed a total of ________ hours of volunteer service at _______________

Starting Date of Service ______________ Ending Date of Service __________________

AGENCY VERIFICATION-your hours must be verified by a volunteer coordinator
and your Volunteer Time Record must be turned in with this form.

*Get the signature of your Volunteer Coordinator.

Saint Mary's expects a signature from an official representative of the Agency who does not have
immediate family relationship to the volunteer. This signature should be obtained at the
completion of your service activity.

________________________________________________________
Signature of Volunteer Coordinator

Date of Signature _________________ Phone Number _______________________

*Get the signature of your Saint Mary’s Christian Service Director

As the Coordinator Supervisor for the SM student, I verify that he/she has completed the hours
detailed on their Volunteer Time Record Sheet.

_______________________________
Signature of Christian Service Director

Parent/Guardian Hold Harmless (Read Carefully Before Signing)

I, the undersigned, parent or legal guardian of the above-named student, request that he/she be allowed to
participate in, and give my permission for his/her participation in, those school activities described above. I
hereby release and save harmless, and agree to defend Saint Mary's High School and indemnify Saint
Mary's High School, and any and all of its employees, agents or successors from any and all liability for any
and all harm arising to my child or any harm occasioned by my child as a result of my child’s participation in
the above activity, regardless of any act, omission or negligence on the part of St. Mary’s High School, its
employees, agents or successors.

__________________________________     __________
Signature of Parent/Guardian               Date