

2018-2019 FRESHMAN Apostolic Ministry Project Verification Card
PROJECT DUE DATE: Thursday, January 24th or Friday, January 25th

Student's Name: _____

Service Completed (Please CIRCLE one):

Service with your Family Service on your own Catechesis Mission Trip

Agency/Church/Organization with which you volunteered: _____

Description of Service: _____

Date(s) and time(s) project completed: _____

Volunteer Coordinator/Supervisor's Name (please print): _____ Phone Number: _____

Signature: _____

Email: _____

Requirement-Ten hours of service

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