

**Bishop Foley Catholic High School**  
**Service Form 2018-2019**

Name: \_\_\_\_\_

Class: Freshman/Sophomore/Junior/Senior (Circle One)

This document confirms that \_\_\_\_\_ has completed a total of \_\_\_\_\_ hours of Christian service for Bishop Foley Catholic High School.

Event: \_\_\_\_\_

Service provided: \_\_\_\_\_

Date of event: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Contact name: \_\_\_\_\_

Contact phone #: \_\_\_\_\_

This form should be signed by the authorized adult at the time the service is performed. FAILURE TO DO THIS MAY RESULT IN LOSS OF CREDIT. Please give form to the Mission & Ministry Office when completed.



“Amen, I say to you, whatever you did for one of the least brothers of mine, you did for me.” –  
Matthew 25:40 (NABRE)