

2018-2019 SOPHOMORE Apostolic Ministry Project Verification Card
PROJECT DUE DATE: Thursday, February 28th or Friday, March 1st

Student's Name: _____

Project Site(s) (circle all that apply) HFHS or PARISH or FORMER SCHOOL

Name of volunteer site(s): _____

Description of the Service completed (MUST BE AT LEAST fifteen HOURS): _____

Date and time project completed: _____

Supervisor's Name (please print): _____ Signature: _____

Supervisor's Phone Number: _____ Email: _____

Comments: _____

Requirement-Fifteen service hours.

2017-2018 SOPHOMORE Apostolic Ministry Project Verification Card
PROJECT DUE DATE: Thursday, February 28th or Friday, March 1st

Student's Name: _____

Project Site(s) (circle all that apply) HFHS or PARISH or FORMER SCHOOL

Name of volunteer site(s): _____

Description of the Service completed (MUST BE AT LEAST Fifteen HOURS): _____

Date and time project completed: _____

Supervisor's Name (please print): _____ Signature: _____

Supervisor's Phone Number: _____ Email: _____

Comments: _____

Requirement-Fifteen service hours