Charleston Catholic High School
Community Service Activity Form

Name_____ Grade____ Theology Period____

Organization (If Applicable) _____

Date(s) Service Rendered:_____Total Time: _____

CCHS Service Coordinator's verification: _____

Describe the activity and the service you performed. Note the organization if applicable. How did you use your talent to serve those in our community?

Service to those in special need, persons who are poor and/or vulnerable: ___Yes ___No
If yes: How did it address meet a special need?

Theology course you are currently taking: _____

Describe one of the key lessons that you've learned in class and how it connects to your service experience. Be specific.

Signature of adult representing the organization coordinating this service opportunity:
"I affirm that _____ performed the community service described above."
Signature:_____ Phone #_____

All students at CCHS are required to perform a minimum number of community service hours each year. Service activities can either be an organized effort, or as a response to needs that are presented in students' daily lives. It is expected that community service takes the student beyond the needs of his/her immediate family and circle of friends. One half of the required hours need to be in service with people in special need, persons who are poor or vulnerable (sick, elderly, mentally and physically impaired, etc.)