



Bishop Guilfoyle School Service Program

Name: _____ Grade: ____ School Year: 2017-18

Name of Place of Service: _____

Mailing Address of Place of Service:

Contact Person/Supervisor: _____

Contact Person/Supervisor Phone #: _____

Number of Hours completed: _____

Date(s) completed: _____

Activity/service performed:

Supervisor signature

Date



Bishop Guilfoyle School Service Program

Name: _____ Grade: _____ School Year: 2017-18

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Contact Person/Supervisor: _____

Contact Person/Supervisor Phone #: _____

Number of Hours completed: _____

Date(s) completed: _____

Activity/service performed:

Supervisor signature

Date



GRADE **9**

Bishop Guilfoyle School Service Program

Name: _____ Grade: _____ School Year: 2017-18

Name of Place of Service: _____

Mailing Address of Place of Service:

Contact Person/Supervisor: _____

Contact Person/Supervisor Phone #: _____

Number of Hours completed: _____

Date(s) completed: _____

Activity/service performed:

Supervisor signature

Date



GRADE **10**

Bishop Guilfoyle School Service Program

Name: _____ Grade: _____ School Year: 2017-18

Name of Place of Service: _____

Mailing Address of Place of Service:

Contact Person/Supervisor: _____

Contact Person/Supervisor Phone #: _____

Number of Hours completed: _____

Date(s) completed: _____

Activity/service performed:

Supervisor signature

Date



GRADE **11**

Bishop Guilfoyle School Service Program

Name: _____ Grade: _____ School Year: **2017-18**

Name of Place of Service: _____

Mailing Address of Place of Service:

Contact Person/Supervisor: _____

Contact Person/Supervisor Phone #: _____

Number of Hours completed: _____

Date(s) completed: _____

Activity/service performed:

Supervisor signature

Date



GRADE **12**

Bishop Guilfoyle School Service Program

Name: _____ Grade: _____ School Year: 2017-18

Name of Place of Service: _____

Mailing Address of Place of Service:

Contact Person/Supervisor: _____

Contact Person/Supervisor Phone #: _____

Number of Hours completed: _____

Date(s) completed: _____

Activity/service performed:

Supervisor signature

Date



Bishop Guilfoyle School Service Program



Name: _____ Grade: ____ School Year: 2017-18

I volunteered at the Mountain Lion Backpack program...

...by myself

...with _____ other BG students

...with _____ non-BG students (friends, family, etc.)

(please be sure to email Mr. Sutton a picture if there are more helpers than just yourself!- rsutton@bguilfoyle.org)

Hours: _____

Supervisor signature

Date