

HOLY SPIRIT FAITH FORMATION

Service Experience Record

Date of service: _____ Time of service: from _____ to _____

Service provided for: _____ Total # of hours: _____
Name of organization, club, etc.

Give a brief description of the service provided: _____

Student's Name (Print)

Supervisor's Name (Print)

Student's Signature

Supervisor's Signature

Student's grade: _____ Phone # where supervisor can be reached: _____

Please return this form to the Faith Formation office in the parish center in Kimberly.

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