



**BASILICA OF ST. MICHAEL THE**  
**ARCHANGEL**

**SERVICE HOURS FORM**

**STUDENT'S NAME:**

\_\_\_\_\_

**GRADE:** \_\_\_\_\_ **HOURS:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DESCRIPTION OF SERVICE:** \_\_\_\_\_

\_\_\_\_\_

***\*6 HOUR MINIMUM, ANNUALLY!\****

**ADULT SUPERVISOR/PASTOR**

**SIGNATURE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_