



Archbishop Curley High School

2024-2025 Service Verification Form

Student Name: _____

Student Current Grade: Senior Junior Sophomore Freshmen

Theology Teacher: _____

Name of Organization Served: _____

Day(s) and hour(s) served: _____

What did the student do during these hours? (briefly explain):

Name of contact person at site: _____

Telephone Number or E-mail of contact person: _____

Signature of contact person verifying hours listed above:
