

Service Hours Verification Form

Bishop McDevitt High School

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Wyncote, Pennsylvania 19095

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PLEASE NOTE – A separate form must be completed for each site/project. Signatures are required at the bottom. Please use ink.

Student name (print): _____ Student Number: _____

Name of site/project: _____

Address of site/project: _____

Date(s) that you worked at this site; please include year(s): _____

What were your responsibilities or duties? Describe what you did for your service hours. Be specific.

Contact Person at the site/project: NOTE: Contact Person must be an adult who supervised the student's service but NOT the student's parent/guardian.

Name of Contact Person at site/project (Please print): _____

Contact Person's phone number: _____

Contact Person's email: _____

Contact Person: Your signature attests that information written on this form is true and correct. A Bishop McDevitt faculty member may contact you to discuss the student's service.

a. Total time the student served at this particular site/project: _____

b. Contact Person's signature: _____ Date: _____

Parent/Guardian: Please sign your name below to attest that your child completed service hours as stated on this sheet and that the information written on this form is correct and true.

Parent/Guardian signature: _____ Date: _____

Student: Please sign your name below to attest that you did perform the service hours as stated on this sheet and that the information written on this form is correct and true.

Student signature: _____ Date: _____