

**St. Joseph-on-Carrollton Manor**  
**Service Hours Form**

Name: \_\_\_\_\_

Date of Service: \_\_/\_\_/\_\_\_\_

Number of Hours You Completed During This Service: \_\_\_\_\_

Hours Count Toward: Community \_\_\_\_\_  
Parish \_\_\_\_\_

Where Did You Serve? \_\_\_\_\_

What Service Did You Perform: \_\_\_\_\_

Signature of Adult Supervisor: X \_\_\_\_\_

How has this service project help me to become more like  
Christ, who gave his life in service? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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