



**MONSIGNOR KELLY  
CATHOLIC HIGH SCHOOL**

5950 KELLY DRIVE BEAUMONT, TEXAS 77707 409-866-2351 FAX 409-866-0917 WWW.MKCHS.COM

**Service Hours Form**

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

Theology Teacher: \_\_\_\_\_ Date form submitted: \_\_\_\_\_

Name of organization where I provided community service:

\_\_\_\_\_

Description of the specific service I provided for this organization:

*[To be completed by student.]*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Service date(s): \_\_\_\_\_ Number of hours: \_\_\_\_\_

Supervisor's name (print):

\_\_\_\_\_

Supervisor's signature:

\_\_\_\_\_

*(Parent may sign only if parent was supervisor/ chairperson of charitable event.)*

Supervisor's phone: \_\_\_\_\_

Supervisor's email: \_\_\_\_\_

- Check here to indicate you have entered hours into X2VOL

**Turn into the Campus Minister, Mr. Krause, NO LATER than the end of the quarter in which the service was performed...late hours will NOT be accepted! Incomplete forms will be returned and hours not counted.**

**Keep a copy of your service hours for your personal records.**