



Siena Catholic Academy

MIDDLE SCHOOL

Service Hours Documentation Sheet

Student Name: _____

Grade: _____

Organization Name: _____

Phone Number: _____

Supervisor Name: _____

Description of student's duties:

Date/s of Service: _____

Hours Served: _____

Supervisor Comments:

Student Comments: (please briefly state what you have learned from this experience)

Student Signature/Date: _____

Supervisor Signature/Date: _____

Please return to the Counselor's office.