

REACH OUT PROGRAM
OF PARISH & COMMUNITY SERVICE
AT TRINITY CATHOLIC HIGH SCHOOL

(Documentation of Service Time-due 6/1/10)

Student's name _____

Place of Service _____

Name of Adult Supervisor _____

<i>Date</i>	<i>Start/End Time</i>	<i>Duties</i>	<i>Supervisor's signature</i>
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