

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

Place of Service Form

Due on Friday, 11/18/11

Student's Name _____ Homeroom _____
phone _____ e-mail _____

I have decided to do my service project at:
Name of the organization or institution:

Address _____

Phone number _____

I attended an interview on _____.

I attended orientation on _____.

The adult who will supervisor me at my place of service is:

_____.

My starting date is: _____

The day of week I will work on is: _____.

The time of day and number of hours I will work is:

_____.

Briefly describe your responsibilities:

Student's signature _____

Supervisor's signature: _____

Title: _____

Address: _____

Phone: _____

Due to Mrs. D'Aquila in room 214 on Friday November 18, 2011