



# TRINITY CATHOLIC HIGH SCHOOL

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

### Place of Service Form

Due on Wednesday, November 7, 2018

To Mrs. D'Aquila in Room 214

Student's Name \_\_\_\_\_

Please Circle Your Grade: 9 10 11 12

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent e-mail \_\_\_\_\_

I have decided to do my service project at:

Name of the organization or institution:

\_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone number \_\_\_\_\_

I attended an interview on \_\_\_\_\_

I attended orientation on \_\_\_\_\_

The adult who will supervise 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 \_\_\_\_\_