

CHURCH OF THE HOLY SPIRIT

Simplified Works of Mercy Hours Form

Directions: Please complete this form for every service project completed. Please print neatly.

Your Name _____

Grade: _____

Date(s) of Project: _____

The number of hours I did on this project is: _____

Briefly describe your service (include location): Example: raked leaves for elderly neighbor at their house.

Student Signature: _____

Parent Signature: _____