



Scranton Preparatory School Christian Service Program Confirmation of Volunteer Experience

Name: _____ HRoom: _____ Current Grade: _____

Service Project Agency and Location: _____
Description of work: _____

Total Hours of Service: _____ Date of Service: _____

Signature of Supervisor: _____

Supervisor or agency phone number: _____

Signature of Student: _____

Service Project Agency and Location: _____
Description of work: _____

Total Hours of Service: _____ Date of Service: _____

Signature of Supervisor: _____

Supervisor or agency phone number: _____

Signature of Student: _____

Return form to Mr. Bernard – 4th Floor Guidance Department

Go to the website to print additional timesheets:

www.scrantonprep.com

*Important – only submit time sheets when all hours are completed.