

Name \_\_\_\_\_

**St. John Fisher-Seventh Grade Service Hours Log-5 Required Hours EACH Trimester**

Please circle **type** of service followed by a **brief description** of the service:

Home                                      School                                      Parish/Community

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Hour(s) \_\_\_\_\_

Service rendered by: \_\_\_\_\_ Date \_\_\_\_\_

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Home                                      School                                      Parish/Community

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Hour(s) \_\_\_\_\_

Service rendered by: \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Hour(s) \_\_\_\_\_

Service rendered by: \_\_\_\_\_ Date \_\_\_\_\_