



San Gabriel Mission High School

254 So. Santa Anita Street

San Gabriel, CA 91776

Director of Christian Service: Ms. Raquel Cagigas 626/282-3181 X 123

CHRISTIAN SERVICE PROGRAM SCHOOL YEAR 2009 – 2010

Dear Recipient of Service:

In the spirit of the Gospel, of giving service to others and putting into practice what is learned in the classroom, students are required to give a minimum of 25 hours per year in donated service to individuals in need and/or non-profit organizations, (examples: convalescent homes, hospitals, parish related groups or activities, schools or other civic/community organizations of a **non-profit nature**). **Students cannot be paid for services given nor receive credit for work experience.**

The student may assist the elderly by providing personal service of household chores, yard work, shopping, mail reading, visiting etc... (Elderly is over 75). Time given to family or relatives does not count for Christian service; babysitting or household chores other than for elderly is not permitted.

Please verify in writing on your formal stationery that this student has been a volunteer at your organization or for you personally and that the personal service is not a part of your work at a profit making organization. Please complete this form and return it as soon as possible to the student.

A LATE FORM WILL MEAN THAT SHE WILL NOT RECEIVE CREDIT. All forms for hours earned this year must be submitted within one month of the service given (unless the service is on-going) by the designated calendar dates. Thank you for allowing this student to complete her requirements while growing as a responsible Christian.

Student Name _____ GR. _____ Hours _____

Person's name (If personal service) _____

Residential Address _____
Street # _____ City _____ Zip _____

(If elderly give age) _____ Phone () _____

Please check box if Service was for **San Gabriel Mission High School** **OR**

Name of Organization or Group _____

Address _____ Phone () _____
Street # _____ City _____ Zip _____

Report of Service Given (Please be specific of starting and ending dates)

Start Date: _____ End Date: _____

Briefly and specifically describe services rendered by this student _____

Evaluation (Provide a brief evaluation of the student's work habits _____

Total number of hour's student served you _____

Supervisor _____ Signature _____
Type or print your name

Job title _____

Any special comments _____

FOR OFFICE USE ONLY
(Rev: 7/09)

Elder

Parish

MHS

Other Sch.

Other Par.

INIT'L/DATE