



DeLaSalle High School

Christian Service Validation Form

STUDENT: Print your full name

YEAR: of graduation

HOURS: Number of service hours done

NAME: Of the non-profit organization where Christian Service was completed

PHONE: Of the non-profit organization

DESCRIPTION: Briefly explain the volunteer work that you did.

PRINT NAME: Supervisor at the non-profit organization who directed your work

PHONE: Of the site supervisor

SIGNATURE: Of the supervisor at the non-profit organization

DATE: Of the supervisor's signature



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