Holy Cross Social Justice Service Hours - Volunteer Information

Student Name: _____ Class of: _____ Date: _____ Current Grade: _____

SERVICE DATES: _____ to _____

Name of Non-Profit Organization	Address of Agency	Name & Title of Supervisor	Supervisor's Contact Information	Date Completed	Hours Served	Specify if hours were in: Women's shelters, children's services, tutoring children and/or working with the elderly.
				Total Hours Served:		