



Recorded: _____

BISHOP GARCIA DIEGO HIGH SCHOOL

Christian Service Contract

Student Information

Name (print) _____ Phone _____ Class of 20 _____

Student signature _____ Total # hours _____

Agency Information (to be completed by supervisor)

Name _____ Phone _____

Agency address, ZIP _____

Supervisor _____ Position _____

Volunteer duties _____

Supervisor comments _____

*I understand that this student was a volunteer for the **NON-PROFIT AGENCY** named above. I certify that I was the on-site supervisor while this student completed his/her service hours, and that I provided the student volunteer the proper training, support, and supervision for the position, as well as a final evaluation and count of hours worked.*

Supervisor signature _____

Date _____

Bishop Garcia Diego High School and/or the Campus Minister reserve the right not to accept service hours performed for any organization that cannot be classified as NON-PROFIT. Service may be performed **only** for non-profit agencies. Call 967-1266, ext. 108 with questions.

COMMENTS: