

**Blessed Trinity Catholic High School**  
**Campus Ministry Office**

*Ms. Patti McCarthy, Director of Campus Ministry*  
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**"Light of the World' Community Service**  
**Verification Form**

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

SERVICE ORGANIZATION: \_\_\_\_\_

Number of Hours Served: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

(If service is on-going, one report covering service dates/span for each semester is recommended)

**BRIEFLY DESCRIBE THE SPECIFIC WORK YOU DID:**

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**SIGNATURE of AGENCY/ORGANIZATION REPRESENTATIVE:**

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Agency/Organization Representative:

Please do not sign this form unless the number of hours and date(s) of service have been entered by the student. Note: Transportation hours are not included in service hours.

Students: Take a photo of this signed form and upload it in your x2VOL report.