

York Catholic Works of Mercy Program Verification Form

Student Name	Number of Hours
Year of Graduation	Religion Class Section
Faith Studied and Put into Practice	
of hours of service PER SEMESTER (6 for junior hi	ne requirement that students perform a minimum number gh and 8 for senior high). The purpose of this program comething learned from a book or in a classroom, but it is ears by following the example of Jesus Christ.
Date(s) service performed:	
Type of work done:	
Organization/individual for which service was perform	rmed:
Adult Service Supervisor's Signature (Not a parent or relative – parents must not sign Verification Forms)	Phone / Email Address
Adult Service Supervisor's Printed Name	