



## St. Paul's Episcopal Church Youth Volunteer/Service Hours Form

Student:	
Place of Service:	
Date:	
Hours Served:	
Supervisor:	
Supervisor Phone # or Email:	

What group or cause did this volunteer activity serve?

- Homeless       Children       Education       Animals  
 Elderly       Hospital Care       Environment       Other: \_\_\_\_\_

Please briefly describe the work you did:

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Contact St. Paul's Youth Ministry:

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