San Secondo d'Asti Roman Catholic Church
250 N. Turner Avenue Guasti, Ca 91743
sansecondo.ccd@gmail.com

COMMUNITY SERVICE HOURS
RETURN THIS FORM TO OCM

Name: _____Grade_____

Home Address: _____

Parents Name: _____ Phone #:_____

Name of Volunteer Site: _____

Address of Volunteer Site: _____

Type of volunteer work performed:_____

Hours Served at this Site: _____

Name of Supervisor at Site: _____Phone #_____
PLEASE PRINT

Signature of Supervisor at Site:_____Date:_____

I hereby give consent for the participation of my child/ward, in the activity described above. I also assume the responsibility of providing transportation to and from the volunteer site for my child.

_____ _____ _____
Parent/Legal Guardian Signature **Print Name** **Date**

_____ _____
Home Phone Number **Cell Phone Number**

Approved by: _____

For information or questions, please call 909 390 6364 or by email sansecondo.ccd@gmail.com.