

Nativity Catholic School

Faith in Action Program

Record of Faith in Action Hours

Student Name _____ HR ____

It is the Student's responsibility to complete a Faith in Action Proposal Form and to maintain a record of all Faith in Action hours completed.

DATE	Faith in Action LOCATION	AGENCY PHONE # (IF APPLICABLE)	START/END TIME OF ACTIVITY	HOURS	SIGNATURE OF SERVICE AGENCY CONTACT
			-		
			-		
			-		
			-		
			-		
			-		
			-		
			-		
Total Hours					

A parent, guardian or other family member may not act as a service industry.
 I confirm that I have completed the above hours.

 Student Name (Print) _____
 Date

 Student Signature _____
 Date

Student _____ **Nativity Catholic School**

HR _____ **Faith in Action Program**

Date Submitted _____ **Faith in Action Plan**

1st 2nd 3rd Trimester (Circle one)

Organizations/Groups for which you will be performing Faith in Action hours and type of work:

Organization _____ Contact Person _____

Phone # _____ Type of Work _____

Potential dates of work and length of time working:

Date(s) _____ Hours _____

Organization _____ Contact Person _____

Phone # _____ Type of Work _____

Potential dates of work and length of time working:

Date(s) _____ Hours _____

Organization _____ Contact Person _____

Phone # _____ Type of Work _____

Potential dates of work and length of time working:

Date(s) _____ Hours _____

I understand that no parent, guardian or other family member may represent a volunteer agency. My Faith in Action hours meet the Nativity Catholic School Middle School Faith in Action Guidelines.

Student Signature

Date

Parent/Guardian Signature

Date

Five (5) Faith in Action hours are required per trimester.
Each student should keep a copy of all Faith in Action documentation for his/her own records.