

Community Service Form
St. Mary Magdalen Church
145 Buckingham Street, Oakville Ct 06779 (860)-274-9273

Name of student: _____

Student – briefly describe how your service benefited this organization

Name of Organization: _____

Date of Service: _____ Total service Hours: _____

Supervisors Name: _____

Signature of Supervisor: _____

My signature verifies this student served as a non-paid volunteer to the information listed above

Supervisor Title/Position (print): _____

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