



# Archbishop Curley High School

## 2025-2026 Service Verification Form

Student Name: \_\_\_\_\_

Student Current Grade:      Senior              Junior              Sophomore              Freshmen

Theology Teacher: \_\_\_\_\_

Name of Organization Served: \_\_\_\_\_

Day(s) and hour(s) served: \_\_\_\_\_

What did the student do during these hours? (briefly explain):

---

---

---

---

Name of contact person at site: \_\_\_\_\_

Telephone Number or E-mail of contact person: \_\_\_\_\_

Signature of contact person verifying hours listed above:

---