St. Elizabeth Church - Community Service Log

Due April 1, 2018

NAME: _____ **Requirement: 15 hrs. (30 hrs. for Year 2)**

Date	*Description*	*# of Hours*	*Point of Contact (Name & Email)*	*Contact's Signature*	*CATEGORY:* - Church - School - Youth - Elders - Vetarans - Hospital - Other/Community Event (explain)