

**St. Rose of Lima Religious Education Program**

**Community Ministry Report Form**

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

Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Name of Organization \_\_\_\_\_

Date of Activity \_\_\_\_\_

Number of Hours \_\_\_\_\_

Briefly Describe Activity \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Print Name of Contact Person \_\_\_\_\_

Signature of Contact Person \_\_\_\_\_

Phone Number of Contact Person (for verification purposes)

\_\_\_\_\_