

**TRINITY CATHOLIC HIGH SCHOOL
CHRISTIAN SERVICE PROGRAM
SERVICE PROJECT APPROVAL FORM**

Name _____ Level _____ Phone _____

Advisory _____ Advisory Teacher _____ Date _____

Place of Service _____ Supervisor _____

Description of Service to be Performed _____

Date(s) of Service to be Performed _____ Hours Expected _____



FOR OFFICE USE ONLY

Approved _____

Rejected _____ Reason: _____

Service Director's Signature _____