

**LEBANON CATHOLIC SCHOOL SERVICE COMMITMENT INFORMATION**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Program** \_\_\_\_\_ **Total Hours** \_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name (please print) \_\_\_\_\_

Organization \_\_\_\_\_

Full Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-Mail address \_\_\_\_\_

***The student named above has successfully completed the stated hours of  
volunteer service under my supervision.***

***(signature)*** \_\_\_\_\_

***(date)*** \_\_\_\_\_