

**STEWARDSHIP VERIFICATION
MONSIGNOR DONOVAN CATHOLIC HIGH SCHOOL**

STUDENT

Student's Name: _____ **Date service performed:** ___/___/___
Homeroom Teacher: _____ **Day of week performed :** _____
Grade: _____ **Time of service:** ___:___ -- ___:___
Amount of Hours _____

Type of service:

(check one)

- Category 1 – Community Stewardship**
- Category 2 – On Campus Stewardship**

Location of Event: _____

Description of event and what I did there:

SUPERVISOR/LEADER of EVENT

To be filled out and signed by a supervisor at the event. We ask that the students must have the top part filled out in ink before the supervisor fills out the bottom.

Name of Organization: _____

Supervisor's Name: _____

Working email and/or phone #: _____

Supervisor may be contacted by MDCHS to verify the information on this form

Any comments or questions:

FOR RECORD KEEPING PURPOSES ONLY

Received by (N. Edwards): _____ **signature** _____ **date** _____

Information logged in on this date : _____

Additional notes: