

**Christian Service Class
Service Placement Form**

**Bishop Connolly High School
Department of Campus Ministry
Rev. Mr. Tony Cipriano
508-676-1071
acipriano@bishopconnolly.com**

Your Name: _____

1) *Agency where you will provide service:*

Agency Name: _____

Address: _____

Phone Number: _____

Contact Person: _____

2) *A brief description of your service:*

PLEASE READ AND SIGN THE STATEMENT BELOW AND HAVE IT SIGNED BY A PARENT AS WELL:

I understand 2 hours a week is required of me in order to be in the Christian service class of 2007-2008. It is my responsibility to secure an agency that will allow me to perform the hours required on a weekly basis. I am also aware the total number of hours for Christian Service must be fulfilled on a monthly basis. If I am unable to perform this task I will ask to leave the Christian service class immediately. I realize this class is a requirement for graduation, and, in addition, understand that while I am at my chosen agency, I represent my family, Bishop Connolly High School, and myself. As such, I know I must participate in a respectable and responsible manner.

_____ Student Signature

_____ Supervisor Signature

_____ Parent Signature