

St. Vincent de Paul Faith Formation  
Service Verification Form

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

Supervisor's Name \_\_\_\_\_

Service Completed:

Name of Service \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

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

Description of Service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

This form is to verify the above student participated in designated service opportunities. If you have questions or concerns, please contact:

Sr. Joanne Suranni  
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Niagara Falls, NY 14304  
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297-5010, ext. 202