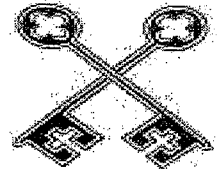


St. Peter Interparish School
A school of academic excellence
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Jefferson City, MO 65101
Phone: 573-636-8922, Fax: 573-636-8410
School E-mail: spsmc@socket.net
www.stpeterjc.org



Inspiring students to love God, their Catholic faith, and learning.

Service Hours Certificate

St. Peter Interparish School encourages students to share their time, talents, and strengths with others in need by performing community service hours for them. Service to others and the community gives students the opportunity to live their Catholic faith.

Students in grades 6 through 8 may earn this certificate. All service hours must be performed with an adult family member. Students do not perform service hours without the supervision of a parent or adult (over 21 years of age) mentor.

The 'Service Hour Confirmation Sheet' must be provided to the school office by April 30. Hours are only accumulated yearly. To be noted on the sheets are: the date, number of hours, place of service, type of service, signature of an adult family member who participated, signature of the contact person, and the contact person's name, e-mail address and phone number.

At the end of the year awards ceremony students who complete eight or more hours of service from September through April will be recognized for their valuable contribution to others and the community.

Service projects that students would normally complete for Scouts or other such organizations, etc. are not considered for this award as those projects should hold their own merit and their own rewards.

Student should select agencies that maintain Catholic values. The following are some suggestions for service:

- Assisting with the St. Peter community meal
- Visiting nursing homes
- Helping at the Samaritan Center
- Helping at an animal shelter
- Working in their church or on church grounds

Sharing our Talents and Strengths with Others

SERVICE HOURS MUST BE TURNED INTO THE OFFICE BY APRIL 30 OF EACH SCHOOL YEAR

STUDENT NAME: _____

GRADE: _____

STUDENT NAME:	DATE SERVICE PERFORMED	NUMBER OF HOURS	NAME WHERE SERVICE WAS PERFORMED NOTE A BRIEF DISCRPTION OF SERVICE	ADULT FAMILY MEMBER SIGNATURE CONTACT PERSON SIGNATURE	CONTACT PERSON NAME EMAIL ADDRESS PHONE NUMBER