

## **WORKS OF MERCY - STUDENT FORM**

Name:	Date of Service:	
No. of hours/minutes:		
	Verified by:	
	Phone or email:	
Please turn in this form to your I	Religion teacher as soon as it is completed.	
	2018 Works o	of Mercy Form
	SAINT HELEN CATHOLIC SCHOOL  WISSON, AGE, GRACE	
WORKS	OF MERCY - STUDENT FORM	
Name:Service Rendered:	Date of Service:	
No. of hours/minutes:		
	Verified by:	

Please turn in this form to your Religion teacher as soon as it is completed.