

**Bishop Chatard High School**  
5885 Crittenden Avenue | Indianapolis, IN 46220  
Christian Service Contact: Mr. Steven Patzke 317-251-1451 x2274

**Freshman Christian Service Verification Form**

Name: \_\_\_\_\_ Seminar A Teacher: \_\_\_\_\_

I, \_\_\_\_\_, verify that I have fulfilled the ten hours of Christian Service

**Student's Name**

required and expected of me. With the guidance and encouragement of \_\_\_\_\_,

**Mentor's Name**

we worked to build a unique relationship through the following project: (Please explain below)

---

---

---

---

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Family Member "Mentor" Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\*\*\*Due by Jan. 23 to Seminar A teacher\*\*\*