



**APOSTOLIC HOURS FORM**  
2017 ~ 18 ACADEMIC YEAR



**Opelousas Catholic School 2017-18 Apostolic Hours Form**

Notice...Half (5 of 9 or 9 of 18) hours needs to be done outside the family in order to be counted. We encourage a variety of service experiences.

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Religion Teacher: \_\_\_\_\_

Description of Activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Hours: \_\_\_\_\_ Date(s) of service: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

Request that the services listed above be accepted as Apostolic Hours

\_\_\_\_\_  
Student's signature and date

\_\_\_\_\_  
Parent's signature and date

On the back of this paper, briefly reflect (100 words) on how this activity has given you an opportunity to fulfill our Lord's call to service.