



**Venango Catholic High School
V.I.S.I.O.N. Hours Form**

Student's Name: _____ Grade: _____

Name of Non-Profit Organization: _____

Location: _____

Date of Hours: _____ Total Number of Hours: _____

Approved By: _____ Telephone: _____

Must include signature of supervisor of location site.

Vikings In Service In Our Neighborhood



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