

ST. DAMIAN SERVICE HOURS      **NAME:** \_\_\_\_\_

*This sheet must be filled out in its entirety for you to be credited with the service indicated. It is the student's responsibility to have this form signed by the service supervisor, to keep and maintain this log, and to turn in the log during service hour checks. Answers must be in sentence form.*

**Return to the Religious Education Office AS SOON AS THE SERVICE HAS BEEN COMPLETED.**

Service Performed: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Was your parent with you while you performed this service?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Activity Supervisor: \_\_\_\_\_

Location: \_\_\_\_\_

Activity Supervisor's Signature: \_\_\_\_\_

Activity Supervisor's Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

1. What did you do on your activity? \_\_\_\_\_

\_\_\_\_\_

2. Who did you serve on your activity? Example: Parent, Parish Ministry, Neighbor, etc.

\_\_\_\_\_

3. How did you see Christ in the people who you served? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How did the project help you grow in faith? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Which category does this service fulfill requirements for?

\_\_\_\_\_ Church    \_\_\_\_\_ Community    \_\_\_\_\_ Family