

**SERVICE HOURS**  
**Reflection & Verification Form**

NAME \_\_\_\_\_ GRADE \_\_\_\_\_

Place of Service \_\_\_\_\_

**Adult in Charge** \_\_\_\_\_ **Phone** \_\_\_\_\_  
(Especially if Service was not done at the Church)

Date of Service \_\_\_\_\_ Hours Served \_\_\_\_\_

Explain Duties:

How did this service project make you feel?

Do you think it changed or moved you or the people you helped? Explain.

Please have adult in charge sign as part of verification of service:

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_