SERVICE ACTIVITY FORM

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Organizer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Served\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Sign)

What was your service opportunity?

What person, group or organization did your service benefit?

Which teaching/practices of the Church did your Service Activity apply to? Ex. Gifts of the Holy Spirit, Fruits of the Holy Spirit, Corporal Works of Mercy, Spiritual Works of Mercy or other teaching of the church?

What benefit did you receive from this service activity?

(Please turn into the Faith Formation Office or scan and email sarah@sacredhrt.com)