Christian Service Hours Verification and Evaluation Form

This form should be submitted within two weeks of completion of service.

Name/Number/Homeroom: _____ Date of Service: _____

Description of Service Performed: _____Hours Completed: _____

In a paragraph, answer the following questions:

- **How were you able to help/serve others?**
- **What did you learn from your experience? Was it meaningful?**
- **Did this service affect your faith and/or your relationship with God?**
- **Did it help you to understand your responsibility as a Catholic Christian?**

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Event/Project Coordinator's Name (PRINT):_____ Contact Number: _____

Event/Project Coordinator's Signature: _____ Date: _____

(OPTIONAL) Have the coordinator write a brief note describing your performance and the benefits of your service.