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 Go Did it help you to understand your responsibility as a Catholic Ch 	
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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	