

CHRISTIAN SERVICE
RECORD SHEET

STUDENT NAME: _____ GRADE: _____ DATE: _____

DATE (S) VOLUNTEERED: _____ TOTAL HOURS: _____

SERVICE ORGANIZATION: _____

CONTACT PHONE: _____

PLEASE GIVE A DESCRIPTION OF THE SERVICE(S) YOU PROVIDED AND EXPLAIN WHY YOU CHOOSE THIS SERVICE PROJECT. HOW DID YOUR SERVICE MODEL THE MINISTRY OF JESUS?

IT IS THE STUDENTS RESPONSIBILITY TO COMPLETE THE TOP OF THIS FORM, TO ASK FOR A SIGNATURE AND TO RETURN THE FORM TO MR. GUZMAN CREANO AT POMONA CATHOLIC HIGH SCHOOL WITHIN **2 MONTHS** OF THE COMPLETION OF THE PROJECT

SUPERVISOR: PLEASE DO NOT SIGN BLANK FORMS. ASK STUDENT TO COMPLETE ALL REQUIRED INFORMATION. THANK YOU FOR YOUR TIME WITH OUR STUDENT.

SIGNATURE OF SUPERVISORS: _____

PRINTED NAME: _____

WERE YOU SATISFIED WITH THE SERVICE THE STUDENT PROVIDED? ___ YES ___ NO

PLEASE ADD ANY ADDITIONAL COMMENTS BELOW:

