

St. Therese Academy  
**CHRISTIAN SERVICE PROGRAM  
FORM**

*This form is to be completed by the **STUDENT** and returned to your Religion teacher **accompanied** with a one-page reflection on the work performed. Hours are to be reported quarterly (10 hours/8<sup>th</sup> grade, 5 hours/7<sup>th</sup> grade).*

**STUDENT NAME** LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
*(Please PRINT, using full names, no nicknames.)*

This form must be filled out for each service project. At the end of the quarter, write a one-page reflection (three paragraphs) about your total service hours. The reflection should include one paragraph on the work/duties performed, one paragraph on how this service reflects on the Schoolwide Learning Expectations (SLEs), and one paragraph on what you learned and what it meant to be of service to others. Attach your reflection to all the service forms and had in to your Religion teacher at the end of the quarter.

On a scale of 1-5 rate your service experience by circling:

5 Excellent      4 Above Average      3 Average      2 Below Average      1 Poor

**ORGANIZATION NAME** \_\_\_\_\_  
*(Must be nonprofit or charity. May NOT be a private residence/business.)*

**SITE ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**SITE SUPERVISOR** \_\_\_\_\_  
*(May NOT be parents without prior approval)*

**SITE TELEPHONE** ( \_\_\_\_\_ ) \_\_\_\_\_

**DATE(S) OF SERVICE**      **One Day:** \_\_\_\_\_      **and/or**  
*(Month / Day / Year)*

**Multiple Days:** From \_\_\_\_\_ to \_\_\_\_\_  
*(Month/Day/Year)*      *(Month/Day/Year)*

**TOTAL HOURS** \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SITE SUPERVISOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_