

Middle School Service Hours

Name _____ Date _____

Explain the service you provided. _____

Time spent on the service project _____

Category of Service *Family* *Parish/School* *Community*

Signature of Supervising Adult _____

Please do not sign until the student has first filled in all of the above information accurately.

Reflection

How does the service you provided help or better the lives of others?

What effect did this service have on you? Did it inspire you? Open your eyes to the suffering of others? Help you to appreciate the gifts God has given you? Share your thoughts and experiences.

Parent Signature _____ **Date** _____

Please do not sign until all of the above information has been filled in by the student.

Teacher: **Turned in on** _____

Recorded _____

Completed forms need to be turned in within one week of completing the service project.