

Service Hours Completion/Reflection Form

Name _____

Year of Graduation 200____

Home Phone _____

***Lake Catholic High School
Community Service Program***

Once you have completed a service project please fill out this form and return to the Service Office to be included in your folder.

Date(s) of Service: _____

Hours Completed: _____

Place of Service: _____

Description of Service: _____

Supervisor: Please print _____

Phone Number: _____

Supervisor Signature: _____

Date: _____

Please complete the reflection questions on the reverse side of this form.

Service Hours Completion/Reflection Form

Name _____

Year of Graduation 200____

Home Phone _____

***Lake Catholic High School
Community Service Program***

Please answer the following questions completely.

1. Briefly describe your volunteer responsibilities

2. Explain how this qualifies as community service according to Lake Catholic criteria. Refer to the handbook excerpt below.

3. Explain the benefit of this service experience

For the person(s) or agency you served

For you

***Student handbook**

“All service hours must be completed during non-school hours (family related activities do not meet the requirement.) Service experiences **must benefit individuals in need** (handicapped or elderly) **or the community at large** (for example, any medical or hospital facilities, nursing centers, environmental agencies, social programs, church events, youth education or athletic programs) **Activities that only provide free work experience are not considered service under our program** (for example: office work for a company, yard work for a family friend, babysitting that is usually paid for etc.)”

Service Hours Completion/Reflection Form

Name _____

Year of Graduation 200____

Home Phone _____

***Lake Catholic High School
Community Service Program***