

**LIVING THE GOSPEL
CHRISTIAN SERVICE REPORT**

STUDENT NAME _____

ADVISOR _____ YEAR OF GRADUATION _____

MENTOR NAME _____ DATE _____

PROJECT CATEGORY _____

(**must be one of the following:** parish; school; elderly; sick; disabled, unborn; poor; imprisoned; disadvantaged)

NAME & LOCATION OF PROJECT

DATE(S) and TIME(S) WORKED _____

TOTAL HOURS WORKED ON THIS PROJECT _____

DESCRIPTION OF EXACTLY WHAT YOU DID

I certify that this student performed _____ hours of the service work described above:

SITE SUPERVISOR: _____ PHONE # _____ DATE: _____

(adult signature required)

STUDENT THEOLOGICAL REFLECTION (Required):

In the space below, write a paragraph of **at least five sentences** responding to the following:

1. How did those in need benefit from your service?
2. How did you benefit from your service? How did you "Live the Gospel?"

I have performed the service described above and have discussed it with my mentor:

STUDENT SIGNATURE (Required): _____ DATE: _____

(SEE OTHER SIDE)

MENTOR COMMENTS (Required):

Please comment briefly on the value of this service experience to your student:

I certify that this student has discussed his/her service experience with me:

MENTOR SIGNATURE (Required): _____ **PHONE #** _____ **DATE:** _____

NOTE: Parent and advisor comments are optional; signatures are required:

PARENT COMMENTS (Optional): _____

I approve this student's service experience:

PARENT SIGNATURE (Required): _____ **DATE:** _____

ADVISOR COMMENTS (Optional): _____

ADVISOR APPROVAL (Required) I recommend this student's service experience for:

Direct credit hours: _____ **Indirect credit hours:** _____ **Non-credit hours:** _____

ADVISOR SIGNATURE (Required): _____ **DATE:** _____

STUDENTS: PLEASE NOTE THE FOLLOWING:

- 1. ALL SERVICE REPORTS MUST BE COMPLETED AND TURNED IN TO ADVISORS WITHIN TWO WEEKS OF THE DATE OF SERVICE TO BE ELIGIBLE FOR CREDIT.**
- 2. HOURS DONE DURING THE SUMMER MUST BE TURNED IN BY SEPTEMBER 1.**
- 3. ONLY 20% OF CREDITED HOURS CAN BE IN THE "SCHOOL" CATEGORY.**
- 4. ADVISORS MAY REQUIRE PRE-APPROVAL OF HOURS. CHECK FIRST.**