

SERVICE MINISTRY RECORD

ST. PETER PARISH HIGH SCHOOL RELIGIOUS EDUCATION

STUDENTS NAME _____

ADDRESS _____

PHONE NUMBER _____

DATE	SERVICE PROJECT	Parish	Community	Total Hours
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
	Required Hours :	10	20	30
	REQUIREMENTS COMPLETED ON:			
	APPROVED BY:			

MINISTRY REFLECTION SHEET

Student's Name _____ Phone: _____

1) Date(s) of service: _____ Service project: _____

Parish or Community organization _____ Number of hours _____

What was your role? What did you gain? _____

Which of your gifts did you use? _____

Signature of project supervisor: _____ Phone: _____

2) Date(s) of service: _____ Service project: _____

Parish or Community organization _____ Number of hours _____

What was your role? What did you gain? _____

Which of your gifts did you use? _____

Signature of project supervisor: _____ Phone: _____

3) Date(s) of service: _____ Service project: _____

Parish or Community organization _____ Number of hours _____

What was your role? What did you gain? _____

Which of your gifts did you use? _____

Signature of project supervisor: _____ Phone: _____

4) Date(s) of service: _____ Service project: _____

Parish or Community organization _____ Number of hours _____

What was your role? What did you gain? _____

Which of your gifts did you use? _____

Signature of project supervisor: _____ Phone: _____