

# 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: \_\_\_\_\_