Pope John Paul II High School
Community Service Verification Form

Student Name: ________________________________ Grade ___________
Agency Name ________________________________________________
Name of Site Manager __________________________________________
Site Manager: Phone Contact ___________________ Email: ______________

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<th>Date</th>
<th>Service</th>
<th>Hours</th>
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Total # of Hours Served ____________ Site Manager Signature _________________

**Service Experience Reflection:** Learning and growth happens when we take time to reflect on our experiences. Reflect in writing on your time of service to the prompts below.

WHAT did you observe, feel or wonder about during your time of service?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

HOW did your service address the needs of others?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

NOW WHAT? How can you apply what you learned through this experience? If you could do the project over again, what would you do differently?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How did the experience influence your faith? Where did you see Jesus/God in your service?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________