



Pope John Paul II High School  
Community Service Verification Form

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Agency Name \_\_\_\_\_

Name of Site Manager \_\_\_\_\_

Site Manager: Phone Contact \_\_\_\_\_ Email: \_\_\_\_\_

Date	Service	Hours

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_