Pope John Paul II High School
Community Service Verification Form

Student Name: ________________________________ Grade __________

Agency Name __________________________________________

Name of Site Manager ____________________________________

Site Manager: Phone Contact ___________________________ Email: ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Service</th>
<th>Hours</th>
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Total # of Hours Served ______________ Site Manager Signature ______________________________

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**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? HOW did your service align to Catholic Social Teaching?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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?

________________________________________________________________________

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________________________________________________________________________