



Saint Joseph's
CATHOLIC ACADEMY

Community Service Hour Form

Student Information

Name: _____ Grade: _____

Date Submitted: _____ Homeroom Teacher: _____

Service Information

Organization: _____

Event (if applicable): _____

Service Log

*Service time does not include travel time or, for multi-day events, time spent sleeping.
All times should be rounded to the nearest half-hour.*

Date	Time Begin	Time End	Hours	Date	Time Begin	Time End	Hours

Total Hours: _____

Service Supervisor Information

*The service supervisor is the person in charge of the event (e.g. a campus minister or club advisor).
Parents may not sign forms without permission from Campus Ministry.*

Supervisor Name: _____

Supervisor Position/Role/Title: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Student Reflection

On a scale of 1-10, how likely are you to help this organization again in the future?

*Least
Likely*

1 2 3 4 5 6 7 8 9 10

*Most
Likely*

Why or why not?

On a scale of 1-10, how likely are you to recommend this organization as a service opportunity?

*Least
Likely*

1 2 3 4 5 6 7 8 9 10

*Most
Likely*

Why or why not?

How did your service help you to see Christ in others? *(Answer in complete sentences.)*

For Homeroom Teacher Use Only

Date Recorded: _____ Initials: _____