

*Justice and Service Learning Program*  
Central Catholic Service Hours Verification and Reflection Form 2017-2018

**1. STUDENT will complete this portion out in pen BEFORE giving of time to serve another.**

Student Name \_\_\_\_\_ Grade Level \_\_\_\_\_

Place of Service: \_\_\_\_\_

Brief Description of Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_

**2. SUPERVISOR will fill out this box in pen after giving of time to serve another.**

*This box may not be completed by parents.*

Time begin: \_\_\_\_\_ Time end: \_\_\_\_\_ Total time: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

*Your signature verifies that the information in boxes 1 and 2 is accurate and that you witnessed the service work of this student.*

Supervisor Email/Phone #: \_\_\_\_\_

**3. Fill out this box AFTER you give of your time to serve another.**

Who benefited from your service (Circle):

Poor and needy-  
Directly

Poor and needy-  
Indirectly

Church

School

Family  
(Jr. High only)

**4. Your THEOLOGY TEACHER will fill this out to verify your number and type of hours.**

Type and Number of Hours:

\_\_\_\_\_

Theology Teacher Signature

\_\_\_\_\_

Date: \_\_\_\_\_

Insert a clear photo that shows you  
working at the place of service.  
(This is optional, but encouraged.)

