Service Verification Form

St. John the Baptist Catholic Church

TO BE FILLED OUT BY STUDENT

_____ _____
Name of Student (Please Print) **Grade**

_____ _____ _____
Organization Receiving Service **Contact Person Supervising Student** **Phone #**

_____
Service Address

Type of Work / Services Rendered: _____

Reflection (How did this service experience impact you and your faith?) [Must be in the form of a paragraph]

_____

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TO BE FILLED OUT BY SUPERVISOR AT SERVICE SITE

_____ _____ _____ _____
Date(s) of Service (Same Location Only) **Start Time** **Stop Time** **Total Hours**

Evaluation of Performance: ___ **Excellent** ___ **Above-Average** ___ **Average** ___ **Poor**

Comments: _____

_____ _____
Site Supervisor Signature

TO BE FILLED OUT BY DIRECTOR OF RELIGIOUS EDUCATION

_____ _____ _____ _____
Received By Date Acceptable Unacceptable

Comments: _____