



Service Hours Verification/Reflection Form

You, my brothers and sisters, were called to be free. But do not use your freedom to indulge in the flesh; rather, serve one another humbly in love. ~Galatians 5: 13

Student Name _____ Grade _____

Please propose the service you wish to perform in writing below to Mr. Takats (Sophomores, Juniors, and Seniors) or Mrs. Granato (Freshmen). (Proposed service must be approved prior to completing the service for the hours to count toward graduation.)

Minimum 5 hours per year for Freshmen & Sophomores || 10 hours per year for Juniors & Seniors

Mr. Takats and/or Mrs. Granato reserve the right to consult with Mr. Lesho for approval.

Proposed Service:

Where?: _____

_What?: _____

_When?: _____

_Supervisor's

Name?: _____

Teacher's Signature _____ / ____ /20____

Supervisor of Service VERIFICATION: to be filled out by supervisor ONLY.

Please fill out the following for the Madonna High School student who earned service hours at your organization, agency, parish, facility, event, etc.....

❖ Name & Title of Supervisor _____

❖ Name of organization, agency, parish, facility, event, etc....

❖ # of hours served _____

❖ Please describe the service briefly _____

❖ Quality of service performed (was the student punctual, polite, followed directions, etc.) -- please circle one:

EXCELLENT

GOOD

FAIR

POOR

❖ Any additional comments _____

Supervisor's Signature _____ / ____ /20____

*Comments?/Concerns?: Please contact Amy Granato at MHS 304.723.0545 (ext. 304)
Student Reflection to be filled out by student ONLY: Please carefully complete the following reflection information and questions. Promptly return to Mr. Takats (Sophomores, Juniors, and Seniors) or Mrs. Granato (Freshmen) the first day you return to school after the service is completed. The form **will not be accepted** after seven (7) calendar days after the service is completed. If the service is completed in the summer months, please contact Mr. Takats or Mrs. Granato by email to make arrangements to turn in this form. **Service hours for each academic year must be completed by the end of the 3rd marking period.**

❖ **In more detail, please describe what you actually did?**

❖ **Who was (were) the direct beneficiary(ies) of the service?**

❖ **What was your impression of the person/people you served and in what way(s) did you interact?**

❖ **Was this service a Corporal/Spiritual Work of Mercy? Circle one: YES / NO**

❖ **If YES, which one? AND Tell how it was a Corporal/Spiritual Work of Mercy?**

We verify that the information on this Verification/Reflection form is truthful. The student listed below performed the service and thoughtfully filled out the reflection questions.

Student Signature ___/___/20___
Parent/Guardian Name Printed
Parent/Guardian Signature ___/___/20___