St. Damian Service Hour Reflection

Name and Grade Level: _____

Project: _____

Location: _____

Date: _____ Number of Hours: _____

Activity Supervisor Signature: _____

Who benefitted from this service? _____

How did you see Christ in the people who you served?

_____

_____

_____

How did this project help you grow in faith?

_____

_____

_____

_____

Circle the category or categories this service fulfills

Church Community School