

St. Damian Service Hour Reflection

Name and grade level: _____

Project: _____

Location: _____

Date: _____ Number of Hours: _____

Activity Supervisor: _____

Supervisor's 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

Family

