Saint Anthony Catholic School

Service Verification and Reflection Form (outside of school)

Student Name: _____ Homeroom: _____

Name of Organization: _____

Coordinator/Supervisor of Event: (please print)_____

Signature of Coordinator of Event: _____

Phone Number of Event Coordinator for Verification: _____

Email address of Event Coordinator for Verification: _____

***Date of completed service: _____**

Description of Service and Comments:

_____

_____

_____

_____

_____

_____

***Number of hours of service: _____**

*If you do not receive pre-approval for the act of service, only partial hours will be awarded. This reflection is to be filled out if the act of service was completed at an outside organization. If it is a SACS affiliated service event, the reflection is not necessary.

Saint Anthony Service Event Reflection (to be completed by SACS student):

1. Why did you choose this organization/event as a service opportunity?

2. What did you enjoy most from this act of service?

3. Would you be inclined to work with this service organization again?