

## Service Evaluation / Verification

Name \_\_\_\_\_ Date(s) of Service \_\_\_\_\_

Choose one: Family      Parish      School      Community

Description of Service: (Exactly what did you do?)

\_\_\_\_\_ Hours Completed: \_\_\_\_\_

Adult who can verify service \_\_\_\_\_ His/her telephone number \_\_\_\_\_

Adult signature \_\_\_\_\_

**What personal gifts or talents did you use most? (minimum 5 sentences)**

**What did you learn about yourself or the people/person you served? (minimum 5 sentences)**

**How will this experience help you to serve others in the future?**