**Pope John Paul II High School**

**Community Service Verification Form**

Student Name: _____ Grade _____

Agency Name _____

Name of Site Manager _____

Site Manager: Phone Contact _____ Email: _____

| Date | Service | Hours |
|---|---|---|
| | | |
| | | |

**Total # of Hours Served** _____ **Site Manager Signature** _____

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**Service Experience Reflection:** Learning and growth happens when we take time to reflect on our experiences. Reflect in writing on your time of service to the prompts below.

WHAT did you observe, feel or wonder about during your time of service?

_____

_____

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_____

HOW did your service address the needs of others?

_____

_____

_____

_____

NOW WHAT? How can you apply what you learned through this experience? If you could do the project over again, what would you do differently?

_____

_____

_____

_____

How did the experience influence your faith? Where did you see Jesus/God in your service?

_____

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_____