

Our Lady Academy
Ministry Hours Project

NAME OF APPROVED ORGANIZATION:

EXACT NATURE OF WHAT YOU DID AND/OR NAME OF EVENT:

DATE (If multiple, attach a log):

NUMBER OF HOURS:

WHO WAS THE ACTUAL BENEFICIARY OF YOUR SERVICE?

******* To be filled in ONLY by the adult who supervised this community service activity *******

MAY NOT BE A PARENT/GUARDIAN

Hours completed _____ ***Date*** _____

Printed Name of Adult Supervisor _____

Signature of Adult Supervisor _____

Title _____ ***Phone Number*** _____

Email _____

Directions for reflections:

Write one reflection per service project completed, answering every question in complete, thoughtful sentences. If more space is needed, staple additional paper to the back of this one.

- 1. Why did you choose this project? What need were you attempting to meet and who will benefit from your service?***

