

Date Received _____ Church __ Community __ Hours _____

(To be filled out by the teacher)

Our Lady Academy

Ministry Hours Project 2026 - 2027

STUDENT NAME: _____ **Teacher:** _____

*******This section to be filled in ONLY by the adult who supervised this community service activity *****
MAY NOT BE A PARENT/GUARDIAN**

NAME OF APPROVED ORGANIZATION AND EVENT:

DATE (if multiple, attach log):

Number of Hours:

SUPERVISING ADULT: (may not be parent/guardian)

Name:

Title:

Contact:

SIGNATURE OF SUPERVISING ADULT:

WHO IS THE ACTUAL BENEFICIARY OF THE SERVICE?

*******Student to complete this section*******

**Write one reflection per service project completed. Answer 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? Who benefitted from your service?

2. What were your primary duties and responsibilities during this project? Write about what you actually did to complete this service **and** list the steps you took to complete it.

3. *What type of service did you perform? Identify **which one** of the Spiritual or Corporal Works of Mercy you performed.* _____

4. *Describe the personal growth that resulted from your community service. What did you learn about yourself, those you helped, or about volunteering? How did you use the Gifts of the Holy Spirit and your personal talents? What impact did this have on your faith life and on those you served? (If you did not experience any personal growth, perhaps you should consider seeking more direct and meaningful service.)*

5. *What next step would you like to see implemented to further help this cause? Is there anything you would change about the way this service is delivered to make it more effective?*

Student Signature _____ *Date* _____