

**For Office Use Only**

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CATALOG: \_\_\_\_\_  
DATABASE: \_\_\_\_\_

**Archbishop Williams  
Christian Service  
Outreach Certification Form**

~ Senior ~



**Please read before completing Community Service Hours**

**In order to receive credit for Outreach Service, the student is responsible for filling out this form completely and returning it to Mr. Gilpin, Campus Ministry Director, for verification. Questions about the acceptability of any service should be made before such service is started.**

Student Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Theology Teacher: \_\_\_\_\_

Service/Activity Name: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Description of Service Completed: \_\_\_\_\_

\_\_\_\_\_

Reflections: How did your efforts help or benefit others?

\_\_\_\_\_  
\_\_\_\_\_

What did you gain from this experience?

\_\_\_\_\_  
\_\_\_\_\_

How did your actions reflect the mission of AWHS?

\_\_\_\_\_  
\_\_\_\_\_

Have your career options or future goals been expanded by your service experience?

\_\_\_\_\_  
\_\_\_\_\_

Number of Hours: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Service Supervisor Information:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Credited towards:

Fr.      Soph.      Jr.      Sr.

By initialing below I certify that the above service details (hours, dates, location and contact information) are true and accurate.

**Student Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_