

Sacred Heart School Community Service Log

Student Name:_____ Religion Class:_____ Trimester:_____

Due Date:_____

Activity:	Supervisor's Name:	Date	Hours
Organization/Location:	Supervisor's Signature		

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If you are unsure if an activity is appropriate for service hours, please ask yourself the following questions:

1. Does it benefit another human being who needs help?
2. Am I giving part of myself to help someone else?
3. Is the service part of my existing responsibilities to family or community or is this a unique opportunity to help someone I normally would not consider?
4. Does it only benefit my school community, or does it help the wider world?

Total Hours

NOTE: An authorized signature for the project/hours should be from the adult mentor/supervisor of the project (not your parent/guardian).

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____