



Christian Service Program

STUDENT: _____ STUDENT ID#: _____

ORGANIZATION NAME: _____

Please check one:

- 9 - Service with Children & Youth
- 10 - Service with Seniors, People with Physical/Intellectual Disabilities, & Environmental Organizations
- 11 - Service with Socio-Economically Disadvantaged
- 12 - Service with Non-Profit Agency

Date	Time In	Time Out	Hours of Direct Service	Hours of Misc. Service	Supervisor's Signature
TOTAL					

COMPLETE THIS FORM IN INK.

PRINT *Supervisor's Name*

EVALUATION BY VOLUNTEER COORDINATOR: (Optional)

Please comment on the quality of this Bellarmine student's service and interaction with others at your organization.

STUDENT REFLECTION:

After serving, it is important to take some time to reflect. Who did you meet? What did you learn? How did you feel? What was the impact of your service on the organization or yourself?

WHEN LOGGING HOURS in MobileServe:

1. Under "Service Org," write the FULL NAME of the ORGANIZATION where you served.
2. Select the APPROPRIATE CATEGORY.
3. Include a BRIEF DESCRIPTION of your service under "Tell Your Story."
4. Write a complete REFLECTION (3-5 sentences). Follow prompt.
5. Enter your SUPERVISOR'S NAME and EMAIL ADDRESS.
6. Upload a PHOTO of this timecard. Keep your timecard for your own records.