

For Office U	se (Only:
Approved?	Y	N
Initials:		

Service and Ministry-Service Hours: Reflection Form

Student's Name: _____

Year of Graduation: ______ Number of Hours Requested: ______

Please circle which area these hours should be applied: Parish/School Non-Profit

Name of Agency: _____

Agency Representative: ______

Way to contact above person (phone or e-mail):

Agency Representative's Signature:

Christian Service is our personal response as a disciple of Jesus Christ. Jesus was the ultimate example of being a servant leader to meet the physical, emotional and spiritual needs of those aspects of society that are marginalized, persecuted, vulnerable, abandoned or forgotten. The work that we do in the name of the DeSales Service and Ministry Program should follow this example of leadership within the community.

What services did you perform? (*What did you do?*)

How did these services fulfill the gospel message? (*Why is this important?*)_____

How did this experience enhance your understanding of Christian Service? (What did you learn?)

Student's Signature: Date:

Please direct any questions regarding service hours for the Service and Ministry program to *Mr. Chad Bader in the Office of Campus Ministry.* **Students will not receive service hours if this form is incomplete.