

Manhattan Catholic Schools

Selfless Service Form

This section should be completed by the student

STUDENT NAME (PRINT) _____

DATE OF SERVICE _____ GRADING PERIOD OF SERVICE (Please circle) 1 2 3 4

TYPE OF SERVICE (Please circle) Community Parish School

Other _____

IN THE SPACE PROVIDED, IN PARAGRAPH FORM, EXPLAIN YOUR ACT OF SELFLESS SERVICE, WHY YOU CHOSE IT, HOW IT MADE YOU FEEL UPON COMPLETION OF THE SERVICE, AND WHOM DID YOU HELP. OVERALL, HOW HAS THIS EXPERIENCE HELPED YOU GROW AS A CATHOLIC STEWARD?

STUDENT SIGNATURE _____ DATE _____

This section to be completed by the organization/person for whom the service was performed.

NAME OF ORGANIZATION/PERSON _____

DETAIL/DESCRIPTION OF SERVICE PERFORMED:

DATE(S) OF SERVICE _____ TOTAL HOURS OF SERVICE _____

SUPERVISOR

SIGNATURE _____ PHONE _____