



DELONE CATHOLIC HIGH SCHOOL WORKS OF MERCY PROGRAM VALIDATION

Student Name _____ Class Year _____

Date of Work of Mercy _____ Total Hours _____

Name of Organization Sponsoring the Work of Mercy _____

Explain how you served others in this ministry. _____

Was your involvement... interesting? _____ YES _____ NO
challenging? _____ YES _____ NO
satisfying? _____ YES _____ NO

Check all that apply. Did you experience....

_____ a sense of personal growth? _____ awareness of issues? _____ a sense of being needed?
_____ ability to contribute? _____ Frustration? _____ helplessness?

Your signature affirms that the above information is accurate.

Student Signature

Date _____

Parent/Guardian Signature

Date _____

Adult Project Supervisor Name (Please Print)

Date _____

Adult Project Supervisor Signature
(Individual cannot be related to student.)

Phone No. _____

Additional comments from Supervisor: _____

✂ _____

The following is filled in by Delone Catholic's Works of Mercy Program Moderator

Student Name _____

Cumulative service hours to this point: _____ Church _____ Delone _____ Community _____ Total

Works of Mercy Program Moderator's Signature

Date