



## St. Bernard High School 9100 Falmouth Ave, Playa del Rey, CA 90293 (310)823-4651 - Fax (310)827-3365 Evaluation of Christian Service Project 2016-2017

| THE PROJECT  | DATE   | E:                  |  |  |
|--|--|---------------------|--|--|
| (Number 1-6 to be completed                            | l by the student)  |                     |  |  |
| 1. Name of Student Volunteer:_                         |  |                     |  |  |
| Year of Graduation: _                                  |  |                     |  |  |
| 2. Name of address of organizat                        | Name of address of organization where student worked: (must be a non-profit organization DD) |                     |  |  |
|  |  |                     |  |  |
| 3. Name of the person that super                       | rvised the student:  |                     |  |  |
| 4. Describe the assigned duties o                      | f the  |                     |  |  |
| 5. Total number of hours worked                        | d:   |                     |  |  |
| 6. Date(s) of volunteer service:                       |  |                     |  |  |
| <b>EVALUATION OF THE V</b> (Number 7-13 must be comp.) |  |                     |  |  |
| 7. Was the volunteer on time?                          | No   |                     |  |  |
| 8. Did the volunteer abide by the                      | e organization's rules?Yes   | No                  |  |  |
| 9. Type of persons volunteer wo                        | rked with (aged, blind, etc.)  |                     |  |  |
|  |  |                     |  |  |
|  | he same volunteer again?Yo   |                     |  |  |
|  | ood rapport with people?Yes  |                     |  |  |
| 12. Please evaluate overall perform                    | manceoutstandinggoodfair _   | _poorunsatisfactory |  |  |
| 13. Additional comments:                               |  |                     |  |  |
|  |  |                     |  |  |
|  |  |                     |  |  |
|  |  |                     |  |  |
|  |  |                     |  |  |
| Signature of Supervisor                                | Daytime Phone Number   | Date                |  |  |



## CHRISTIAN SERVICE REFLECTION

|    | VameClass of   |
|----|--|
|    | ervice performed at  |
|    | Number of hours completed  |
|    | This form needs to be filled out and turned into the Campus Ministry Office at the end of ach service project. Please use this sheet to reflect on the service you performed. You need to answer all (4) four questions: |
| Ho | Iow did I work to help others at my service placement?   |
|    |  |
|    |  |
|    |  |
|    | Iow did I work with my community to better understand them and their various life ituations?   |
|    |  |
|    |  |
|    |  |
|    | n what ways did my service allow me to encounter the suffering, compassion and joys of thrist?   |
|    |  |
| -  |  |
| yo | rovide one example of a success and one example of a frustration your experience during our community service. How have each helped you grow and better understand your community?                                       |
|    |  |
|    |  |
|    |  |
|    |  |