



NAME: \_\_\_\_\_

TOTAL NUMBER OF HOURS: \_\_\_\_\_

SERVICE ACTIVITY	DATE	NUMBER OF HOURS	SIGNATURE OF SUPERVISOR OR PARENT

### REFLECTION QUESTIONS

1. What service activity did you enjoy the most? Why?
2. What part of your service challenged you to get out of your comfort zone? Why?
3. Share a moment in which you saw Jesus in the person(s) you served.