

2
 Due: _____

**Teacher initials to verify
 this form has been graded
 and recorded:**

Service Reflection

Student Information

To be filled out by the Student

Grade: _____ Bible Teacher: _____ Bible Class Period: _____
 Student Name: _____ Gender: M F
Last/Family Name First Circle One

Service Organization Information

To be filled out by the Student

Organization Name _____
 Does this location differ from your original proposal? (circle) **Yes/ No**

Service Description

To be filled out by the Student

Service to be credited for: Fall Spring 20____
Circle One Fill in the year Total Hours _____
 Date(s) Participated: _____

Type of service (check **all** that apply)

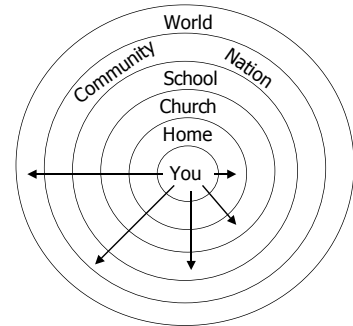
- A. ___ Social Needs – church nursery, nursing homes, etc.
- B. ___ Physical labor – construction, cleaning, lawn-work, etc.
- C. ___ Teaching/Discipleship – VBS, church leadership, worship teams,
small group leaders, etc.
- D. ___ Evangelism – missions trips, witnessing trips, etc.

Types of People	Non-Christian	Acts of Service <small>Physical or Social</small>	Evangelism
	Christian	Acts of Service <small>Physical or Social</small>	Teaching and Discipleship
		Physical (Non-Verbal)	Verbal

Types of Service

Areas of service (check **all** that apply)

- ___ Home – work with family or extended family
- ___ Church – work for your local church
- ___ School – work for CVCA in any capacity
- ___ Local community – work with non-school/church organizations locally
- ___ Nation – work with any organization that isn't local (out of state, but in the nation)
- ___ World – outside of the U.S. trips for service



Was this a school or church sponsored mission trip? School Church Neither
Circle One

(Next, complete the next page)

(check)

If your teacher has assigned in-class presentations, check this box and use the questions below as a guide for your presentation. In the blanks, write notes or bullet points to help organize your thoughts. Turn this paper in on the day of presentations with the signature completed below.

(check)

If your teacher has assigned the questions below, check this box and write out your answers below. Turn this in to your teacher with the signature completed below.

(check)

If your teacher assigned another project, check this box. **Project:** _____
Either staple the project to this form or follow your teacher's instructions and turn in this form with signature completed below.

Briefly describe where you volunteered for at least 8 hours this semester and what you did there.

What was the most enjoyable part of your volunteer experience? Why?

What scriptural Truth or concept from your current Bible class applies to your service experience?

What experiences impacted you the most personally during your service hours? Think of things that happened, people you met, people you served with, whether it changed your view of service in any way, etc.

SERVICE HOURS VERIFICATION (TO BE FILLED OUT BY VOLUNTEER SUPERVISOR OR GUARDIAN WHO IS VALIDATING THESE SERVICE HOURS):

(check)

I certify that the information on the front of this form is accurate and that the CVCA student has completed his or her service hours in a satisfactory manner.

Supervisor or Guardian Comments (optional): _____

Printed Name & Title of Supervisor or Guardian: _____

Signature of Supervisor or Guardian: _____ **Date:** _____

STUDENTS MUST KEEP THIS FORM FOR THEIR OWN RECORDS