## **Reflections about Service**

Name\_\_\_\_\_

1. Which type of service was the most difficult? Why?

2. Which type of service was the most rewarding? Why?

3. What did you learn about yourself while giving service?

4. Explain how doing service helped you to be more like Christ.



Name of Service	Adult Signature	Date/ # of Hours

St. Thomas of Villanova Church

## Student signed that total hours complete (20):\_

Record the type of service rendered, the date and time and the person(s) to whom the service was given. Service rendered to children or an institution (parish, school) should be verified by the adult in charge.