



EASTSIDE CATHOLIC

COMMUNITY SERVICE REPORT

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Mentor Name \_\_\_\_\_

Name of Organization \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Phone Number \_\_\_\_\_

Description of Service Performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Hours Served \_\_\_\_\_

Please use the space below to reflect on your service experience. Be sure to take time to reflect on your experience before you answer the questions. Incomplete or careless reflections will be returned to you.

1) What challenges or successes did you encounter?

2) What population or community did you serve? Why does this particular group need assistance?

3) How can you connect your service experience to Jesus' teaching in the gospels?

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator Signature \_\_\_\_\_ Approved Service Date \_\_\_\_\_

Return this form to Community Service Coordinator Allison Scanlin in the Eastside Catholic Campus Ministry Office; 232 228<sup>th</sup> Ave SE, Sammamish, WA 98074; [ascanlin@eastsidecatholic.org](mailto:ascanlin@eastsidecatholic.org)