

St. Louis Catholic High School



2018-19 Apostolic Hours Form

Notice...Half of the hours need to be done outside the family & school organizations in order to be counted. We encourage a variety of service experiences each year.

Student's Name (PRINT): _____ Grade Level: _____

Religion Teacher: _____

Description of Activity: _____

Number of Hours: _____ Date(s) of service: _____

Contact Person's Name: _____

Contact Person's Phone Number: _____

Student's signature _____ Date _____

Parent's signature _____ Date _____

***** REFLECTION...**On the back of this paper, briefly reflect (**100 words**) on how this activity has given you an opportunity to fulfill our Lord's call to service. (ANSWER THESE QUESTIONS.... What need did you meet? What did you do to meet the need? Who did you serve? What did the person/organization you served gain from your service? What did you learn from this experience?)