

# Community Service Record

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Please read the description of the true Christian Community Service sheets and all the possible ways to share your time and talents. Each year, students in Grades 7-11 are required to complete the minimum number of service hours equal to your present grade level. For each service date, please fill in the reflection section and have it signed by a supervising ADULT or the person that you served. Please return these records as you complete your Community Service to your teacher.

Type of Community Service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Amount of time: \_\_\_\_\_

Person who benefited from the service project: \_\_\_\_\_

Your reflection:

1. How do you think this service affected the lives of others?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What were some thoughts and feelings you had about the experience?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Was this mostly a positive or negative experience for you and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_