St. Clare Church
Community Service Project Form

Candidate's Name _____ Phone No._____

Proposed Project:

_____

Sponsoring Agency, Organization, or Individual:

_____

_____

Approved By: _____

Confirmation Coordinator

Date service performed: _____

_____

Total Number of Hours: _____

Supervisor's Name, Contact Address & Phone No: _____

_____

_____

_____

To be filled out by Candidate

Describe what your activities.

_____

Please continue on the second page.
Who benefitted from your service?

_____

What did you learn or take away from your project?

_____

_____

To be filled out by your Supervisor

.

Did you/your organization/the community benefit from this student's service? Please tell us how?

_____

Would you like students to continue to be involved in service to your organization? If so, please provide contact information for our Program.

_____

_____

Please comment on the individual student's performance in service if you would like. (optional)

_____

Signature of Supervisor: _____date: _____

Thank You