DIRECT SERVICE FORM

Student Name		Place of Service	

Date	# of Hours	Description of Activity	Date	# of Hours	Description of Activity

_____ _____ _____

Signature of person reporting Title Date

The Corporal Work of Mercy your service applies to:

- ☐ Feed the Hungry
- ☐ Clothe the Naked
- ☐ Bury the Dead
- ☐ Give Drink to the Thirsty
- ☐ Care for the Sick
- ☐ Shelter the Homeless
- ☐ Help the Imprisoned

When you have finished your direct service hours, answer the questions below. If you need more room to answer the questions, use the back of this page.

1) Do you have a clear sense of your goals and responsibilities in relation to your role where you volunteer? Jot down the most important ones.

2) How would you describe your relationships with the people you are serving? With other volunteers? Your supervisor? Is there something you can do to improve these relationships?

3) Have you seen God in the people you've met? If so, describe when this happened. Has your faith changed or been challenged because of your experience? If so, how?