Bellarmine College Preparatory
Christian Service Program

Be the change you wish to see in the world.

STUDENT: _____ **STUDENT ID #:** _____

PROJECT/AGENCY NAME: _____ **AGENCY PHONE #:** _____

Please check one:

- ☐ 9 - Direct Service w/ Children & Youth
- ☐ 10 - Direct Service w/ Elderly & Disabled
- ☐ 11 - Service w/ Socio-Economically Disadvantaged
- ☐ 12 - Service w/ Non-Profit Agency (> 20 hours)
- Miscellaneous Goal (< 10 hours)

Date	Time In	Time Out	Hours of Direct Service	Hours of Misc. Service	Supervisor's Signature
		TOTAL			

PRINT Supervisor's Name

EVALUATION BY VOLUNTEER COORDINATOR:
Please comment on the quality of this Bellarmine student's service and interaction with others at your agency.

STUDENT REFLECTION:
Please write your reflection about your service experience on x2VOL. (See #4 below.)

WHEN LOGGING HOURS in x2VOL:

1. Under "Project," write the FULL NAME of the AGENCY where you served.
2. Include the CONTACT'S phone number. DO NOT list the email address for the contact.
3. Select the APPROPRIATE GOAL.
4. Write a complete reflection about what you did and learned and how this service impacted you and/or the people/agency you served (3-5 sentences).
5. Reminder: You must log and submit your hours and reflection BEFORE turning in this time card.