



Christian Service Program

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

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

Please check one:

- | | |
|---|---|
| <input type="checkbox"/> 9 - Service with Children & Youth | <input type="checkbox"/> 11 - Service with Socio-Economically Disadvantaged |
| <input type="checkbox"/> 10 - Service with Seniors, People with Physical/Intellectual Disabilities, & Environmental Organizations | <input type="checkbox"/> 12 - Service with Non-Profit Agency |

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

COMPLETE THIS FORM IN INK.

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:

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