

St. Ignatius Church  
8855 Chapel Point Road  
Port Tobacco, MD 20677  
(301) 392-0962

Name of Student: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Description of Service:

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Would you do this type of community service again? Why?

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What did you learn about yourself and others by doing this service?

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How many hours of service were completed? \_\_\_\_\_

(The following is to be filled out by an adult supervisor.)

Would you have this student help in the future? \_\_\_\_\_

Do you have any comments on the way the student fulfilled their service hours with you?

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

Position: \_\_\_\_\_

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