**POWERS CATHOLIC HIGH SCHOOL  
1505 W. Court St.  
Flint, Michigan 48503**

**Freshman Service Hour Form**

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

**Area of Service: Church PCHS Catholic Charities/NESK St. Luke’s NEW Life Center (circle one)**

Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled out by a volunteer coordinator:**

This document confirms that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed a total of \_\_\_\_\_\_\_\_\_\_ hours of Christian service

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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

Contact phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form should be signed by the authorized adult at the time the service is performed. Forms will not be accepted without a signature. Please submit form to the Service Hour Station in the library when completed.

Service Hour Requirements:

 **Freshmen** – 10 hours per year to be done at Church, Powers Catholic, Catholic Charities/NESK, or St. Luke’s NEW Life Center

**Sophomores**- 10 hours per year to be done at Church, Powers Catholic, Catholic Charities/NESK, St. Luke’s NEW Life Center, any Non-Profit Organization, or Any Service Organization (i.e. nursing homes, schools, etc.)

 **Juniors** - 10 hours per year to be done at Church, Powers Catholic, Catholic Charities/NESK, St. Luke’s NEW Life Center, any Non-Profit Organization, or Any Service Organization (i.e. nursing homes, schools, etc.)(effective until 2022 then Capstone Service Day will be added)

 **Seniors** will complete their Capstone service project.

**Now that you have completed your service hours, you are ready to reflect on your experience. This must be a well thought out paragraph (6-8 sentences minimum). Include specific examples from your service experience.**

* Explain why you chose to do the project(s) that you did and include what individual or community need were you attempting to meet?
* What thoughts or feelings did you have BEFORE doing your service? Why?
* What did you actually do? What were your responsibilities? How did this help the organization?
* What parts were difficult, challenging or uncomfortable? Why?
* How did you encounter the presence of Christ in this service opportunity?

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1505 W. Court St.  
Flint, Michigan 48503**

**Sophomore Service Hour Form**

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

Area of Service: **Church PCHS Catholic Charities/NESK**  (Circle One) **St. Luke’s New Life Center Non-Profit Service Based Organization**

Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled out by a volunteer coordinator:**

This document confirms that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed a total of \_\_\_\_\_\_\_\_\_\_ hours of Christian service

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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

Contact phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Service Hour Requirements:

 **Freshmen** – 10 hours per year to be done at Church, Powers Catholic, Catholic Charities/NESK, or St. Luke’s NEW Life Center

**Sophomores**- 10 hours per year to be done at Church, Powers Catholic, Catholic Charities/NESK, St. Luke’s NEW Life Center, any Non-Profit Organization, or Any Service Organization (i.e. nursing homes, schools, etc.)

 **Juniors** - 10 hours per year to be done at Church, Powers Catholic, Catholic Charities/NESK, St. Luke’s NEW Life Center, any Non-Profit Organization, or Any Service Organization (i.e. nursing homes, schools, etc.)(effective until 2022 then Capstone Service Day will be added)

 **Seniors** will complete their Capstone service project.

**Now that you have completed your service hours, you are ready to reflect on your experience. This must be a well thought out paragraph (6-8 sentences minimum). Include specific examples from your service experience.**

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**POWERS CATHOLIC HIGH SCHOOL  
1505 W. Court St.  
Flint, Michigan 48503**

**Junior Service Hour Form**

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

Area of Service: **Church PCHS Catholic Charities/NESK** (Circle One) **St. Luke’s New Life Center Non-Profit Service Based Organization**

Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled out by a volunteer coordinator:**

This document confirms that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has completed a total of \_\_\_\_\_\_\_\_\_\_ hours of Christian service

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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

Contact phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Service Hour Requirements:

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**Sophomores**- 10 hours per year to be done at Church, Powers Catholic, Catholic Charities/NESK, St. Luke’s NEW Life Center, any Non-Profit Organization, or Any Service Organization (i.e. nursing homes, schools, etc.)

 **Juniors** - 10 hours per year to be done at Church, Powers Catholic, Catholic Charities/NESK, St. Luke’s NEW Life Center, any Non-Profit Organization, or Any Service Organization (i.e. nursing homes, schools, etc.)(effective until 2022 then Capstone Service Day will be added)

 **Seniors** will complete their Capstone service project.

**Now that you have completed your service hours, you are ready to reflect on your experience. This must be a well thought out paragraph (6-8 sentences minimum). Include specific examples from your service experience.**

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* What parts were difficult, challenging or uncomfortable? Why?
* How did you encounter the presence of Christ in this service opportunity?

Powers Catholic High School

Senior Theology Capstone Project

Service Hours Form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Service:

Hours Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the service performed:

Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date\_\_\_\_\_\_\_\_\_\_\_

Signature of Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this completed form to your Theology teacher by October 11, 2019.  The Experiential Reflection Essay on Service is due when you turn your service hours in.

**POWERS CATHOLIC HIGH SCHOOL  
1505 W. Court St.  
Flint, Michigan 48503**

**Senior Service Hour Form (beyond CAPSTONE)**

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

Area of Service: **Church PCHS Catholic Charities/NESK** (Circle One) **St. Luke’s New Life Center Non-Profit Service Based Organization**

Service Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be filled out by a volunteer coordinator:**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

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

Contact phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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