

# Ramona Convent Secondary School Service Verification Record

Last Name \_\_\_\_\_

<b>office use</b>	summer ____	fall ____	spring ____
First Name _____	Graduating Class ____ currently 12_, 11_, 10_, 9_.		

Each section is for a different agency worked. If you worked more than 4 times at an agency, you need a time log or letter verification.  
**Verification can be attached to this form.**

Name of Service Site	Description of Service	Date of service	
Supervisor's printed name	Supervisor's signature	Supervisor's email	Phone
			Hours

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Supervisor's printed name	Supervisor's signature	Supervisor's email	Phone
			Hours

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			Hours

Total Hours \_\_\_\_\_

## Post Service Reflection ( you may complete the answers on the back)

1. Choose three words that best describe your service experience.
  
2. Describe the spiritual or religious meaning this experience had for you.
  
3. How did your service help others?