SERVICE FORM
ST. PETER CHRISTIAN FORMATION

This form is to be filled out and submitted to your teacher when you complete each service project.

Name	*Grade*	*Date:*
Type of activity: (circle one): CLASS SMALL GROUP INDIVIDUAL		
Number of Hours:		
Describe project:		
Who did I serve during this activity?		
Why did I choose to do this project?		
Where is God in all this? (Ex: Did I think of God when I looked at the person(s) I was serving? Was I acting as Jesus did? Did I feel alone during this activity?)		
Would I ever do this again? Why or why not?		

(Turn this form in to your teacher when completed. Hint: The best time to fill it out is right after your project).