

**TRINITY CATHOLIC HIGH SCHOOL  
CHRISTIAN SERVICE PROGRAM  
REFLECTION FORM**

Name \_\_\_\_\_ Level \_\_\_\_\_ Phone \_\_\_\_\_

Advisory \_\_\_\_\_ Advisory Teacher \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Date(s) of Service \_\_\_\_\_ Total Hours \_\_\_\_\_

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**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Describe and give examples of the effects that this service project has had on you. How were you affected (positively/negatively) by the people and the place where you volunteered?

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2. Describe and give examples of the effect you have had on the agency and the people with whom you have worked. What have they learned from you?

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3. What was the most wonderful moment in your service experience? Why?

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4. What is the greatest insight about other people that you have gained from your service project?

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5. What is the greatest insight about yourself that you have gained from your service project?

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**STUDENT'S SIGNATURE:** \_\_\_\_\_

**PARENT(S) SIGNATURE:** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**DATE VERIFIED** \_\_\_\_\_

**HOURS GIVEN** \_\_\_\_\_

**SERVICE DIRECTOR'S SIGNATURE** \_\_\_\_\_