

COMMUNITY SERVICE REPORT SHEET

Notre Dame Academy
3535 Sylvania Avenue, Toledo, OH 43623
419-475-9359

NAME _____

CLASS OF _____

DATE(S) OF SERVICE _____
(month, day, and year)

TOTAL HOURS _____

PLACE OF SERVICE _____

PHONE _____

1st Place of Service

2nd Place of Service

Other

TYPE OF SERVICE _____

(Signature of Service Supervisor)

(Signature of Theology Teacher)

SERVICE REFLECTION

Student Name _____

Describe your service experience.

How did this experience touch your heart and/or change your thinking?