Archbishop Williams High School
80 Independence Avenue
Braintree, MA 02184

-Campus Ministry-

Service Verification and Reflection Form- ***Sophomore***

(This form must be completed and submitted to Campus Ministry in order for service hours to be credited)

Name: _____
Grade:_____
Homeroom:_____
Theology Teacher: _____

Date(s) of Service:_____
Place of Service:_____
Numbers of Hours for the Service Opportunity: _____

Site Supervisor: Name: _____
Signature: _____
Phone Number: _____

Reflection

Describe your service-learning experience. Explain how you think your actions made a difference for yourself or others. How do your actions reflect the actions of Jesus? Use another sheet of paper if necessary.

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