

ST. PAUL CATHOLIC
HIGH SCHOOL
Report and Verification of Service Missions

To be completed by the student:

Name: _____ Grade: _____ Date: _____

Address: _____

Check one: _____ Falcon Service _____ Faith in Action (must be preapproved)

If this report is for Faith in Action, please provide a brief reflection (1 or 2 paragraphs) explaining a lesson you learned and how the mission was a lived expression of faith.

To be completed by the site supervisor:

Site Location: _____

Site Supervisor: _____

Title/Position: _____

Telephone: _____

Verification of Hours:

Dates: _____ Total Hours: _____

Did the student successfully complete his/her service? _____ Yes _____ No

Please describe the student's performance, including, but not limited to amount and quality of work, responsibility, dependability, and attitude. _____

Signature of Student

Signature of Site Supervisor