



Mater Dei Catholic High School
 Christian Service Student Inventory
 2016-2017

This form is to be filled out by the student and signed by the student, the student's Theology teacher, and the student's parent. **Attach this form in front of the verification letter and or on-campus service log.**

Last Name:	First Name:	Circle Current Grade 9 10 11 12
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Name of service organization: _____
 Address of service organization: _____
 Name of contact person: _____
 Position of contact person: _____
 Phone number and email of contact person: _____

1. What type of Christian service does this organization provide?

2. Check one response below and explain your response.
 My experience was...
 ___ Very positive because _____
 ___ Positive because _____
 ___ Less than positive because _____

3. What impact did you have had on this organization and those who you served?

4.. What impact did this organization, the people you met and your service have on you?

 Student Signature

 Parent Signature

 Theology Teacher's Signature

 Theology Block:

Total Hours Verified
 by Theology Teacher

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