

CHRISTIAN SERVICE PROGRAM REGISTRATION FORM

This form must be thoroughly completed by the student and approved by his/her Religion teacher **BEFORE** the project is started. Failure to do so will result in **NO CREDIT** given for the project.

The Christian Service Program is designed to encourage students to personally integrate the message and mission of Jesus Christ into their own lives by sharing the gifts that have been given to them through serving others. Our guides for Service are the Corporal and Spiritual Works of Mercy: each project will be approved on the basis of how well it encompasses these Works of Mercy.

Corporal Works of Mercy

Feed the hungry
Give drink to the thirsty
Clothe the naked
Shelter the homeless
Welcome the stranger
Visit the sick and imprisoned
Bury the dead

Spiritual Works of Mercy

Counsel the doubtful
Instruct the ignorant
Admonish the sinner
Comfort the sorrowful
Forgive injuries
Bear wrongs patiently
Pray for the living and the dead

Name of Student _____
Date

Name of Organization/Agency where project will occur

Address

Name of Supervisor who will
keep record of Service hours _____
Title

Signature of Supervisor who will
keep record of Service hours _____
Phone Number of Supervisor

Description of Project: Answer each question thoroughly!
1. Describe your project. What will you be doing? Be specific. _____

(Continued)

2. How will this project directly undertake one or more of the Corporal and/or Spiritual Works of Mercy?

3. How will you be directly serving another person or persons?

*****FOR OFFICE USE*****

_____ Approved _____ Rejected Date _____ Initials _____

Comments:

CHRISTIAN SERVICE PROGRAM STUDENT EVALUATION FORM

This form is to be completed by the student and his/her parent(s) or guardian(s) upon completion of the student's project for the Christian Service Program.

Name of StudentDate

Name of Organization/Agency where project occurred

Name of Supervisor

Answer each question thoroughly!

1. Explain why you chose this project.

2. What did you learn from this project (about yourself, others, God, the Church, etc.)?

3. Describe two experiences that had positive/negative impacts upon you.

4. What was the best aspect of this project? What was the most challenging? Explain.

(Continued)

5. Would you recommend this project to a friend? Explain.

6. STUDENT: Please add any suggestions to improve the Christian Service Program.

7. PARENTS/GUARDIAN(S): Please add any suggestions to improve the Christian Service Program.

Student Signature

Date

Parent/Guardian Signature

Date

*****FOR OFFICE USE*****

Date Received _____

Initials _____

Comments:

**CHRISTIAN SERVICE PROGRAM
SUPERVISOR VERIFICATION AND EVALUATION FORM**

This form should be completed at the end of the student's project by the person directly supervising the student. Please indicate the total number of hours the student completed during his/her project and evaluate the student's performance of this project. If there are any questions, please call Alleman High School (786-7793) during school hours for assistance. Please return this form to Alleman Catholic High School, 1103 40th Street, Rock Island, IL 61201.

Name of Student

Name of Organization/Agency where project occurred

Name of Supervisor

Phone Number of Supervisor

Total hours of Service actually completed by the student for the Christian Service Program _____.

EVALUATION OF STUDENT: Please give a general evaluation of the student's performance. Circle the appropriate number for each.

1-Excellent	2-Good	3-Average	4-Inconsistent/Fair	5-Poor	NA - Not Applicable
					Excellent → Poor
Cooperation with Supervisor/Followed established guidelines	1	2	3	4	5 NA
Followed through on project/Dependable	1	2	3	4	5 NA
Worked well with others (co-workers and those served)	1	2	3	4	5 NA
Displayed a Christian attitude	1	2	3	4	5 NA
Attendance was followed as agreed upon for project	1	2	3	4	5 NA
Appearance appropriate for the project	1	2	3	4	5 NA

Additional comments:

Supervisor Signature

Date

*****FOR OFFICE USE*****

Date Received _____ Verified Hours _____ Initials _____

Comments: