

# COVINGTON LATIN SCHOOL'S COMMUNITY SERVICE PROGRAM

Please submit this form as soon as possible after the service event to your Theology teacher or their faculty room mailbox – NOT the main office.

Name: \_\_\_\_\_

Type and Place of Service: \_\_\_\_\_

Date and Times of Event: \_\_\_\_\_

Number of Hours Served: \_\_\_\_\_

Signature of Server: \_\_\_\_\_

Signature of Authorized Person: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Description of Service:

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Why did you choose this particular service experience?

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**What personal gifts or skills did you bring to this service experience? How were these gifts and skills enhanced by this service experience?**

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**What did you learn about yourself from this service experience?**

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