St. Mary, Our Lady of the Annunciation 32477 Church St. Rockwood, MI. 48173

OUTREACH VERIFICATION FORM

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Student Name		
Service/Institution		
Location and date of service		
Contact person(print)		
Phone E-mail		
Description of service		
Parent's Signature	r ^s	
Total Number of Hours		
Contact Person's Signature (after completion of service)	
Reflection by student: (Must be completed)		
1. What made you participate in this outreach project?		
2. What did you learn about yourself? Were there any i	ssues to deal with?	
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3. Did this service challenge you? If so, how? Was there better experience for you?	e anything that could ha	ive made this a

4.	Which of your strengths helped you in the outreach project?	
5.	Were you aware of God's presence while doing this outreach project?	Why or why not?
6.	Would you do this project again?	
An	y additional comments:	
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Thank you for providing this service. May God bless you!