

Theology Teacher: _____/_____ (initials/input date)

CWM _____ Other _____

CMT Office: _____/_____ (initials/file date)

-----**(ABOVE SECTION FILLED OUT BY THEOLOGY TEACHER & CMT)**-----

BISHOP MIEGE HIGH SCHOOL CHRISTIAN SERVICE PROGRAM

STUDENT NAME: _____ CLASS OF _____

THEOLOGY TEACHER: _____

Agency/Organization: _____
Date(s) of Service: _____
Total Hours Served: _____
Supervisor Name/Title: _____
Supervisor Signature: _____
Phone Number or Email: _____
Secondary Source of Verification Attached: yes no (circle one) (Business Card or Letterhead)

Agency Mission Summary:

What did you do at the agency on this service project?

STUDENT REFLECTION: (Share an example of how this service experience connected to your faith)

IF THERE IS NO SECONDARY SOURCE OF VERIFICATION, STUDENTS NEED TO ASK THE AGENCY SUPERVISOR TO EMAIL MRS. SKAGGS AT bskaggs@bishopmiege.com