

**ST. MARY CATHOLIC SCHOOL  
RELIGION PROGRAM  
COMMUNITY SERVICE**

**SOPHOMORE YEAR (1 credit)**

Religion 201 – Christian Service Program – required to receive religion credit

Religion 202a – Sealed with the Spirit – Confirmation Preparation (3 weeks)

Religion 202b – The Bible and You – A Course in Old and New Testament Studies

Religion 202c – Celebrations of God’s Life – A Course on Sacraments

**Sophomores – Total of 20 hours:**

- 10 hours – whole group school sponsored service project focus on Family, Children/Elderly, Church/School, or Community.
- 3-4 hours – Individual or Small Group - Family, Children/Elderly, Church/School, or Community Project
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The administration realizes there will be rare occasions when a student cannot participate in the group projects. In this instance, hours may be used from another focus area. However, these are **rare** circumstances and participation in class community service projects is **required** as well as hours in each focus group.

**St. Mary Catholic Schools' Christian Service Program  
Practical Christian Living  
Sophomore Record Sheet**

Name «First Name» «Last Name»

**Whole Group School sponsored service project** **10 hours**  
**Area of Focus (Circle One) Family Children/Elderly Church/School Community**  
Description of Project

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My Role in the Project was

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**My hours served were:**

Date \_\_\_\_\_ Time \_\_\_\_\_ Supervised by \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Supervised by \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Supervised by \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Supervised by \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Supervised by \_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_ Supervised by \_\_\_\_\_

(Adult supervisor please sign)

**Please complete this form for each small group or individual project you complete.**

**1. Area of Focus--Children/Elderly**

**3 or 4 hours**

Description of Project

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Project Contact Person (must be an adult) \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

\_\_\_\_\_ completed the above hours as recorded.

Signed by Contact Person \_\_\_\_\_

Comment \_\_\_\_\_

**Please complete this form for each small group or individual project you complete.**

**2. Area of Focus--Family**

**3 or 4 hours**

Description of Project

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Project Contact Person (must be an adult) \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

\_\_\_\_\_ completed the above hours as recorded.

Signed by Contact Person \_\_\_\_\_

Comment \_\_\_\_\_

**Please complete this form for each small group or individual project you complete.**

**3. Area of Focus--Church/School**

**3 or 4 hours**

Description of Project

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Project Contact Person (must be an adult) \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

\_\_\_\_\_ completed the above hours as recorded.

Signed by Contact Person \_\_\_\_\_

Comment \_\_\_\_\_

**Please complete this form for each small group or individual project you complete.**

**4. Area of Focus--Community**

**3 or 4 hours**

Description of Project

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Project Contact Person (must be an adult) \_\_\_\_\_

Phone # \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

Date \_\_\_\_\_ Time \_\_\_\_\_ - \_\_\_\_\_ Cumulative time \_\_\_\_\_ hrs.

\_\_\_\_\_ completed the above hours as recorded.

Signed by Contact Person \_\_\_\_\_

Comment \_\_\_\_\_