

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

SENIOR YEAR (1 credit)

Religion 401 – Christian Service Program – required to receive religion credit

Religion 402a – Believing – A Course in Apologetics (6 weeks)

Religion 402b – Understanding Human Sexuality (6 weeks)

Religion 402c – Relationships – A Course on Friendship, Dating, Marriage, and other Vocations (6 weeks)

Seniors – Total of 24 hours

- 6 hours – whole group school-sponsored service project (if applicable) focus on Family, Children/Elderly, Church/School, or Community Project.
- 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
Senior Record Sheet**

Name «First Name» «Last Name»

Whole group service project (if applicable)

6 hours

Area of Focus (Circle One) Family Children/Elderly Church/School Community

Description of Project

My Role in the Project was

My hours served were

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

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

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

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

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.
Area of Focus (Circle One) Family Children/Elderly Church/School Community
Description of Project

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 _____