



**Lebanon Catholic**  
SCHOOL

LEBANON CATHOLIC SCHOOL  
1400 Chestnut Street, Lebanon, PA 17042  
Phone: 717-273-3731 Fax: 717-274-5167  
www.lebanoncatholicschool.org

**SERVICE COMMITMENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Service \_\_\_\_\_

Circle Type of Service:    Caritas    Church    Community

Program \_\_\_\_\_ Total Hours \_\_\_\_\_

Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name (please print) \_\_\_\_\_

Organization \_\_\_\_\_

Full Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

*The student named above has successfully completed the stated hours of volunteer service under my supervision.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## Service Reflection Questions - Grades 6-12

1. Why did you choose this service? Would you choose it again?
2. Describe your service. What did you do?
3. Who (School? Community? Church? Individual?) did you help and how?
4. How has this experience affected or changed you?
5. How has this experience affected or changed your relationship with God?