

**NAME:** \_\_\_\_\_ **DATE OF SERVICE** \_\_\_\_\_

**DATE OF REPORT** \_\_\_\_\_

DESCRIPTION OF SERVICE PROJECT PERFORMED:

BEFORE THE PROJECT, HOW DID YOU FEEL ABOUT DOING IT?

WHY DID YOU CHOOSE IT?

WHAT GIFTS/TALENTS DID YOU FEEL YOU ALREADY HAD THAT WOULD HELP YOU DO THE PROJECT WELL?

HOW DID YOU FEEL RIGHT AFTER THE PROJECT?

DID THE PROJECT HAVE ANY NEGATIVE PARTS TO IT FOR YOU?

WHAT GIFTS/TALENTS DO YOU FEEL THAT YOU MAY LACK WHICH WOULD HAVE HELPED YOU TO DO THE PROJECT BETTER? WHAT CAN YOU DO TO ACQUIRE THESE GIFTS/TALENTS?

WHAT DID YOU PERSONALLY LEARN IN THE PROCESS OF THIS SERVICE PROJECT?

**SIGNATURE OF THOSE WITNESSING COMPLETION OF PROJECT** \_\_\_\_\_

**NUMBER OF HOURS** \_\_\_\_\_