Christian Service Learning 2013

Student Name: __________________________________________

Year 11 - ‘it’s Up To Me’

Commitment to God

Service of Others

Teacher Use Only:-

Parent Comment:-

Hours: ________________

Completed & Recorded

Yes [ ] No [ ]
The Christian Service Learning Program aims to:

- Engage students in responsible and challenging actions for the common good.
- Provide students with structured opportunities to grow and learn from their generosity.
- Find God in all people and in all things.
- Build Compassion, Conscience and their Commitment to God through Service.
- Find strength in living the motto “Men and Women for others”
- Provide opportunities for reflection.

Across The Years

Year 7  ‘Me in My Community’
Minimum 5 hours – School and Home Based

Year 8  ‘My Place in My Home’
Minimum 10 hours – Home Based

Year 9  ‘Create Care through Stewardship’
Minimum 10 hours – School and Home Based

Year 10 ‘How Can I Help?’
Minimum 15 hours – School and Home Based

Year 11 ‘It’s Up to Me’
Minimum 20 hours – Independent

Service Learning

Lord, teach me to be generous.
Teach me to serve you as you deserve;
to give and not to count the cost,
to fight and not to heed the wounds,
to toil and not to seek for rest,
to labor and not to ask for reward,
save that of knowing that I do your will.

St Ignatius Loyola
Service Register
Please fill in each column with as much detail as possible.

<table>
<thead>
<tr>
<th>Date</th>
<th>Organisation</th>
<th>Hours</th>
<th>Task</th>
<th>Supervisor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supervisor Comments
Optional
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Write a reflection on your service, perhaps you could include:

- What you give thanks for?
- How did you feel before and then after your Service Learning?
- Who do you think helped?
- How have you made a difference?
- What are your plans for any future service?

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________

Parent Signature: ____________________________________________________________