Name		Date of Service	Homer	oom
		Service Jo	urnal	
For full cre		in complete sente	nces. Partial or neg	ative responses will not
1. My	service took place at _			# of hours
2. The	type of service I perfo	rmed was		
3. Ho	w did this service help o	·	·	·
	w does this service imp otionally?)			et out of it spiritually or
5. After this experience, what are some other ways you see yourself continuing to so God and others? (What can you do that is similar to this service?)				
Name/Signatu	re of supervising adult		Date	
.	arent/guardian		Nate	