SAINT CATHERINE LABOURE CATHOLIC PARISH
Shrine of the Miraculous Medal PRAYING • BELIEVING • LIVING ...AS DISCIPLES
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APOSTOLIC SERVICE HOURS: ACTION AND REFLECTION

Area of Service: **Family–Parish–Community-Liturgical Experience** **(circle one)**

- **Total Hours** of Apostolic Service/Liturgical Experience Done: _____ **Date:** _____
- **Who** received your service: _____
- **Where** was Apostolic Service done? _____
- **What** did you do? _____

  _____
- **Why** did you choose this activity/experience? _____

  _____
- **How Did This Apostolic Service/Liturgical Experience Change You:**

  _____

  _____

  _____

  _____

Candidate's signature: _____

Candidate's Name (printed): _____

Grade: _7th or 8th _____ **Date Signed:** _____

Supervisor Name (printed) and Phone Number: _____

Signature of Parent or Guardian or Service Supervisor _____

"...whatever you did for one of these least brothers of mine, you did for me." Matthew 25:40