

Be the change you wish to see in the world.

PROJECT/AGENCY NAME: _____ **AGENCY PHONE #:** _____

☐ 9 - Direct Service w/ Children & Youth

☐ 10 - Direct Service w/ Elderly & Disabled

☐ 11 - Service w/ Socio-Economically Disadvantaged

☐ 12 - Service w/ Non-Profit Agency (> 20 hours)

Miscellaneous Goal (< 10 hours)

| Date | Time In | Time Out | Hours of Direct Service | Hours of Misc. Service | Supervisor's Signature |
|-------|---------|----------|----------------------------|---------------------------|------------------------|
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| TOTAL | | | | | |

PRINT Supervisor's Name

Please comment on the quality of this Bellarmine student's service and interaction with others at your agency.

Please write your reflection about your service experience on x2VOL. (See #4 below.)

1. Under "Project," write the FULL NAME of the AGENCY where you served.
2. Include the CONTACT'S phone number. DO NOT list the email address for the contact.
3. Select the APPROPRIATE GOAL.
4. Write a complete reflection about what you did and learned and how this service impacted you and/or the people/agency you served (3-5 sentences).
5. Reminder: You must log and submit your hours and reflection BEFORE turning in this time card.