



Christian Formation Family Volunteer Form

Complete this form to document your volunteer/ministry experience. Once completed, submit the form to Julie Lobitz (email, in person, or mail). This form should be completed for each act of service completed.

Family Name: _____ Date Completed: _____ Time Frame: _____

Student(s) Name & Grade:

Name of Non-Profit Agency/Organization: _____

Contact Name and Phone Number at Non-Profit Agency/Organization:

Why did you choose this ministry?:

Brief description of Ministry/Volunteering (what did you do?):

How did you feel at the end of the experience (physically, mentally, emotionally, socially)?:

Pray and reflect about the service you provided. Describe how your Catholic faith was put into action:

Student(s) Signature:

Parent/Guardian Signature: _____ Date: _____