

**Schlarman High School**  
**Faith Alive Christian Service Learning Program**  
**Gold Project Registration Form**

*This form can also be completed online by visiting [www.schlarman.com](http://www.schlarman.com)*

This form must be completed (both sides) and approved by the Faith Alive Program Director or Faith Alive Committee **BEFORE** the project is started. Failure to do so will result in a loss of credit for the project. Please type or print!

Student Name	Year of Graduation
Name of Agency/School/Parish where project will occur	
Supervisor's Name	Title
Address of Supervisor	Home Phone of Supervisor
City, State, Zip Code of Supervisor	Business Phone of Supervisor

Date Project will begin: \_\_\_\_\_ Date Project will end: \_\_\_\_\_ (Required)

**TYPE OF PROJECT AND TIME-COMMITMENT**

This is a Gold Project and I promise to serve the above named agency for a minimum of \_\_\_\_\_ hours. You must complete the minimum hours your contract for in order to receive credit. The Supervisor will be asked to verify the actual number of hours of service and evaluate the student

**Description of Project:** The Faith Alive program is designed to encourage students to personally undertake the message and mission of Jesus by serving those in need. Our guidelines for all projects are the Corporal and Spiritual Works of Mercy. Each Gold Project will be approved on the basis of how well it encompasses those Works and how much direct person-to-person contact will occur.

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| <p><u>Corporal Works of Mercy</u><br/>         Feed the Hungry<br/>         Give Drink to the Thirsty<br/>         Clothe the Naked<br/>         Welcome the Stranger<br/>         Visit the Sick and Imprisoned<br/>         Bury the Dead</p> | <p><u>Spiritual Works of Mercy</u><br/>         Counsel the Doubtful<br/>         Instruct the Ignorant<br/>         Admonish the Sinner<br/>         Comfort the Sorrowful<br/>         Bear Wrongs Patiently<br/>         Pray for the Living and the Dead</p> |
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**Answer Each Question Thoroughly!**

1. Describe your project - what will you be doing on a day-to-day basis? **Be specific.**

2. How will this project directly undertake one or more of the Corporal and/or Spiritual Works of Mercy?

3. Will you be directly serving another person? How?

4. **Acknowledgment of Parent or Guardian**

We understand that the completion of the Faith Alive Christian Service Program is a requirement for Graduation from Schlarman High School.

We understand that participation in acceptable projects is at the discretion of the student and parent(s).

**We understand that the Supervisor of this project will keep an accurate record of the student's hours and will, at the completion of the project, evaluate the students performance.**

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent Guardian: \_\_\_\_\_ Date \_\_\_\_\_

5. **Method of notification**

Please indicate how the student wishes to be notified that this project has been accepted:

Schlarman E-Mail Address

Other E-Mail Address: \_\_\_\_\_

Telephone at Home     Regular Mail at Home

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**For Office Use Only**

\_\_\_\_\_ Approved

\_\_\_\_\_ Rejected

Date: \_\_\_\_\_

Initials \_\_\_\_\_