

Faith Alive

Gold Service Project Form

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. Gold Service Projects have a minimum of 10 hours served for each project. A minimum of 60% of required service hours ***MUST*** be gold service hours. The hours must be served at an outside organization or church. The follow up form must be completed before service hours are awarded.

Date Project will begin: _____ **Date Project will end:** _____ **(Required)**

Please type or print

Student Name

Year of Graduation

Name of Agency/School/Parish where project will occur

Business Phone of Supervisor

Supervisor's Name

Title

Address of Supervisor

City, State, Zip Code of Supervisor

TYPE OF PROJECT AND TIME COMMITMENT

This is a Gold Project and I promise to serve the above named agency of a minimum of _____ hours. You must complete the minimum hours you contracted 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.

Corporal Works of Mercy

Feed the hungry
Give Drink to the thirsty
Clothe the naked
Shelter the homeless
Visit the sick
Visit the imprisoned
Bury the dead

Spiritual Works of Mercy

Counsel the doubtful
Instruct the ignorant
Admonish the sinner
Comfort the sorrowful
Forgive injuries
Bear wrongs patiently
Pray for the living and dead

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 Service Learning Program is a requirement for Graduation from Schlarman Academy.

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 student's performance.

We understand service hours will not be awarded if follow up form is not completed in a timely manner after completion of the service project.

5. Method of notification

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

E-mail Address _____

Regular Mail at home

Returned approval letter at school

For Office Use Only

Date: _____ Approved / Rejected Principal: _____

Schlarman Academy Faith Alive

Gold Service Project

Supervisor Verification Form

The person directly supervising the student complete this form at the completion of the Gold Project. Please indicate the total number of hours the student completed and evaluate his or her performance at this project. If you have any questions, please call 217-442-2725 during school hours for assistance. Thank you for assisting with the Faith Alive Program.

 Student's Name Year of Graduation

 Name of Organization

 Supervisor's Name Title

The number of hours actually completed by this student
From _____ to _____ is _____ hours.

Starting Date
Ending Date
Total Hours

Please give a general evaluation of the student participation. Circle the appropriate number for each area.

1-Excellent	2-Good	3-Average	4-Inconsistant/Fair	5-Poor	NA-Non Applicable
Cooperation with Supervisor/Followed Established Guidelines					1 2 3 4 5 NA
Followed through on project/Trustworthy/Dependable					1 2 3 4 5 NA
Worked Well with others; co-workers and those served					1 2 3 4 5 NA
Displayed a Christian/positive attitude					1 2 3 4 5 NA
Took initiative/Exceeded supervisor's expectation					1 2 3 4 5 NA
Attendance was followed as agreed upon for the project					1 2 3 4 5 NA
Appearance and clothing were appropriate for project					1 2 3 4 5 NA

Additional Comments may be added to the reverse side.

Date: _____ Supervisor Signature _____

Please submit: Faith Alive, Schlarman Academy, 2112 N Vermilion, Danville, IL 61832.
 Fax number: 217-442-0293. Thank you for supporting Faith Alive.

For Office Use Only

Date Received _____ Follow up Needed: Yes / No Verified Hours: _____