

St. Alphonsus Catholic School - Beta Club

Service Hour Form and Reflection

Beta Club Member: _____

Date of Service: _____

Place of Service/Service Performed - *name of organization, address, and phone number:*

Service Hour Times: Begin: _____ End: _____ Total Hours: _____

Name/Phone Number of Organization Representative:

Print: _____

Signature: _____

Explain the service you performed and how it had an effect on your life.
