



Student Service Form

Name _____

Date _____

Total Hours _____

Service Site _____

Site Supervisor/ Staff Contact _____

Supervisor/ Staff Contact signature

Please describe the type of service performed

WORKS OF MERCY

Corporal Works	Spiritual Works
Feed the Hungry	Counsel the Doubtful
Give Drink to the Thirsty	Instruct the Ignorant
Clothe the Naked	Admonish the Sinner
Visit the Sick	Comfort the Sorrowful
Shelter the Homeless	Forgive Injuries
Visit the Imprisoned	Bear Wrongs Patiently
Bury the Dead	Pray for the Living and Dead

If any hours of the service performed were works of mercy, please indicate which work and how many hours:

