Sts. Philip and James RC Church
Religious Education Department

ACTS OF SERVICE RECORD

STUDENT NAME: _____ GRADE:_____

Please jot down your 'Acts of Service" using one card per month

MONTH / YEAR_____

ACTION:_____
_____
_____
_____
_____
_____
_____

WITNESSED BY: _____ DATE: _____

MONTH / YEAR_____

ACTION:_____
_____
_____
_____
_____
_____
_____

WITNESSED BY: _____ DATE: _____

MONTH / YEAR_____

ACTION:_____
_____
_____
_____
_____
_____
_____

WITNESSED BY: _____ DATE: _____