

DUX ESTO ACTIVITY REPORT

One day & act of service per sheet. Hours may be a combination of any of the three categories.
Sheets need to be turned in within 4 weeks of the act of service.

Name: _____ Year of graduation: _____

Name of Home Parish: _____ Date of service: _____

FORMS THAT HAVE BEEN FILLED OUT INCORRECTLY OR THAT ARE INCOMPLETE WILL BE RETURNED TO THE STUDENT WITHOUT CREDIT BEING GIVEN.

Apostolic Activity and Location:

Time Spent on this project: _____

May not exceed 8 hours a day. Time spent on service trips is limited to 8 hours per day (travel time, down time & sleep time does not count.)

How has this activity helped you reveal Christ to the people you served?

The time offered for this activity is to be applied to the following area:

___ Gross Catholic ___ Church ___ Wider Community

_____ Phone Number _____

Adult Supervisor's Signature *(Please do not sign this if the form is not completely filled out)* **(Cannot be a parent)**

Student's Signature

Student's Parent/Guardian Signature *(Please do not sign this if the form is not completely filled out)*



Educate for Formation in Faith
Provide an Integral, Quality Education
Educate in Family Spirit
Educate for Service, Justice, & Peace
Educate for Adaptation & Change

