



Bishop Carroll Catholic High School – Stewardship Program 2018-2019

Junior Verification Form

Goal – 20 stewardship hours to the needy and socially marginalized

Class: *Faith & Reason or Church History / Virtues: justice and hope*

***Must be completed and submitted by April 15, 2019.**

Guidelines for Junior Stewardship Hours:

- These hours are service **to a person (or persons)** who are truly in need or those who are socially marginalized.
 - “Needy” is defined as a person who is incapable of carrying out necessary duties due to physical incapability, age, illness, or handicap.
 - “Socially marginalized” is defined as a person who is poor, homeless, homebound, infirm, or imprisoned.
- Students **must** choose from among the organizations listed on the [Service Opps for Juniors and Seniors](#) spreadsheet.
- **This service is intended to be direct service to a person or group of persons** who are needy or marginalized.
- Hours must be supervised and verified by a supervisor under which the hours were performed (hours CANNOT be verified by one’s parents unless the service is offered to a needy member(s) of the student’s family or the student’s parent(s) officially acts as supervisor for the service).
- Juniors may choose to do **up to one half** (one half equals 10 hours) of the required hours by working on the campus of BCCHS outside of normal school hours.

Student’s Name: _____ Parish: _____ Date of Service: _____

Name of Organization/Non-Profit: _____ Hour(s) Served: _____

Type of Activity: _____ Category of Need: _____

(physical incapability, age, illness, handicap, poor, homeless, homebound, or imprisoned)

1. Describe how you performed stewardship towards the needy and socially marginalized.

2. Explain what you learned from your participation in this activity.

3. How do you think you grew in the virtues of justice and hope by participation in this activity?

By signing below, I affirm that the hours I have reported are correct and honest. Failure to report accurately will result in disciplinary action up to and including failure of the course.

Student’s Signature: _____ Date: _____

After the Above has been filled in by the Student, this section is to be completed by the supervisor (who supervised the above stewardship hours):

Supervisor’s Name (print): _____ Phone Number: _____

Supervisor’s evaluation of student’s overall contribution (check one): Excellent Good Average Poor

Comments: _____

Supervisor’s Signature: _____ Date: _____