

Office use only

Date entered _____

By _____

HOLY TRINITY APOSTOLIC EXPERIENCE

Please Check: First-Year Second-Year

Name of Participant: _____

Date: ____/____/____ Number of Hours Served: _____

Title of Service Experience:	
Description of Service Experience:	
How did you change as a person because of this experience?	
Circle which Corporal Works of Mercy was acted upon in this experience.	To feed the hungry / To give drink to the thirsty / To clothe the naked To visit the imprisoned / To shelter the homeless / To care for the sick To bury the dead
How?	

Supervisor Name: _____

Signature: _____

Contact Info (Phone or email): _____