

# St. John the Evangelist Youth Ministry Service Evaluation Sheet

Candidate's Name \_\_\_\_\_

Type of Service \_\_\_\_\_

Service Site \_\_\_\_\_

Contact person name, title, & phone (please print)

\_\_\_\_\_

Date of service \_\_\_\_\_ Total hours for **this** service \_\_\_\_\_

The things that I liked best about this service was

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your feelings and insights about this service experience.  
What do you think you learned from this service?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments from the contact person

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Service Supervisor's Signature

\_\_\_\_\_  
Candidate's Signature

**REMINDER: Please complete form, before turning in.**