

Cardinal Stritch High School  
STEWARDS OF STRITCH  
RECORD SHEET

Name: \_\_\_\_\_ Class of: \_\_\_\_\_

Date of Service: \_\_\_\_\_ # of Hours: \_\_\_\_\_

Where service was provided: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

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Briefly describe the work you performed:

Who benefited from the work you performed?

How did this experience touch you and/or change your thinking about stewardship?

Theology Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_