

## **SERVICE REQUIREMENTS FOR THE CLASS OF 2011**

On May 17, 2010, you will begin your service immersion project that is part of your graduation requirement from Rosati-Kain. This is an opportunity for you to give service to the community of St. Louis or other places outside of St. Louis.

You will be participating in the Corporal Works of Mercy that Jesus taught in Matthew's gospel, chapter 25: 31-46:

**“When I was hungry you gave me food, when I was thirsty you gave me drink, when I was naked, you clothed me; sick, and you cared for me; in prison and you visited me; a stranger and you welcomed me. Whenever you did this for the least of these brothers and sisters, you did for me”.**

### **Requirements:**

- Your graduation requirement is **75 hours** of service. You are given the opportunity to complete a minimum of 45 hours of service during the weeks of May 17- 21, 2010 and May 24-27, 2010.
- These two weeks are considered “school time”. you are required to “immerse” yourself for a minimum of six hours each day at your service site as you would for a regular school day.
- The rest of the required hours of service are to be completed on your own over the summer of 2010, either at the same service site or at any other service opportunity in which you want to participate. You must work a minimum of 5 hours at each additional service site.
- Hours towards the service requirement **does not include** any orientation you are required to participate in for your service site.
- Hours of required service- begins May 17, 2010. Service completed before this date does not count towards the requirement.
- You may do more than 75 hours of service. You will be given a log sheet to keep track of your service time.
- During the 2010-2011 school year, students from your class will be chosen to receive the Archbishop May Service award from the Archdiocese of St. Louis and the Martin Luther King Jr. Youth Leadership award given by the St. Charles Lawanga Center  
These awards are based upon the community, school and family service a student has completed during their four years of high school.

**Illness/ Absence Policy:** If an illness prevents you from going to your service site, please be sure to do the following:

- a. Call your agency and notify them you are ill.
- b. Call the school office: (314) 533-8513 and Mrs. Weber (314)-533-8513, ext. 218) or cell phone: (314) 623-1139 and leave a message about your absence.
- c. You will need to complete any missed hours due to illness.
- d. When you return to Rosati-Kain from your service project, you will need to bring a note from your parent/guardian stating that you were unable to be at your service agency because of illness.
- e. This only applies for the period of May 17-27, 2010.
- f. Always remember to use common sense when deciding whether or not to go to your site if you are ill.

**What types of service should you look for?**

- Keep in mind the gospel story above when looking for a service opportunity. Is the service place for the poor, homeless, hungry, sick, lonely, elderly, mentally or physically challenged, or those who are disadvantaged in some way?
- **Is this a place that you can work with people 90% of the time?**
- **Can you work with animals?**  
Unfortunately animals are not people, even though we and they think they sometimes are. The only service allowed that includes animals is if they are service animals such as the Equine Assisted Therapy Program and you are able to interact with the people who use them.
- **Can you work at an elementary or middle school?**  
You may work at a school in which 80%-100% of its children have special needs.

**Illness/ Absence Policy:** If an illness prevents you from going to your service agency, please be sure to do the following:

- e. Call your agency and notify them you are ill.
- f. Call the school office: (314) 533-8513 and Mrs. Weber (314)-533-8513, ext. 218) or cell phone: (314) 623-1139 and leave a message about your absence.
- g. You will need to complete any missed hours due to illness.
- h. When you return to Rosati-Kain from your service project, you will need to bring a note from your parent/guardian stating that you were unable to be at your service agency because of illness.
- e. This only applies for the period of May 17-27, 2010..
- g. Always remember to use common sense when deciding whether or not to go to your agency if you are ill.

# *Rosati-Kain High School Service Contract*

## *Class of 2011*

### **Personal Commitment**

*Please initial after reading each line of your personal commitment*

1. I will go to my service site on the days and times specified. \_\_\_\_\_
2. I will call the service site early in the morning if it is not possible for me to be there on a given day and I will call Rosati-Kain and Mrs. Weber to report the absence. \_\_\_\_\_
3. I will be responsible for my own transportation to and from the agency. \_\_\_\_\_
4. I will be faithful in writing in my journal after each service day. \_\_\_\_\_
5. I understand that I must have my agency chosen, approved and any orientation required to do service by March 22, 2010. Failure to do so will result in the service coordinator choosing the place of service. \_\_\_\_\_
6. I understand that a minimum of 45 hours of SERVICE WORK must be completed between May 17- May 26, 2010. A five point penalty will be given for each hour short of this goal. \_\_\_\_\_
7. I understand that I will receive a grade that will be part of my fourth quarter Theology grade for completing and turning in my Service Contract and the Personal Commitment form on or before March 22, 2010. I will lose 8 points each day until this contract and commitment form is turned in. \_\_\_\_\_
8. I understand that I will be scheduled for the at least one cycle if my Service Contract and Personal Commitment forms are not turned in on or before March 22, 2010. \_\_\_\_\_
9. I understand that my completed journal will be collected on May 27, 2010. Failure to do so will result in a 3 point penalty each day until it is turned in. I will also be scheduled for one cycle or more when the 2010-2011 school year begins. \_\_\_\_\_
10. I understand that I will receive a grade that is one-fifth of the total points of the first quarter Theology class during senior year for completing all requirements for service. \_\_\_\_\_

11. I understand that my high school transcript will have a permanent Service grade that is reflective of the grade given in the first quarter of theology during senior year. \_\_\_\_\_
12. I understand that my completed service requirement of 30 additional hours, including log sheet, supervisor evaluation and journal, is due on Friday, August 27, 2010. These forms and instructions for the summer journal will be given on May 27, 2010. Failure to turn in these forms and journal will result in an 8 point penalty each day until turned in. \_\_\_\_\_
13. I understand that I will be scheduled for at least one cycle beginning August 30, 2010 if summer forms and journal are not turned in on August 27, 2010. \_\_\_\_\_
14. I will attend the junior service reflection activity on Thursday, May 27, 2010 at RK from 8-11 am. \_\_\_\_\_

**Illness/ Absence policy**

If an illness or accident prevents you from attending your service site do the following:

- A. Notify your service agency.
- b. Call the school office: 314-533-8513
- c. Call Mrs. Weber: 314- 623-1139
- d. You will need to complete any missed time due to illness or accident.
- e. You will need to have a note from your parent explaining why and when you missed. Turn this in with your journal.
- f. This applies for May 17-25, 2010 only.

Name \_\_\_\_\_ Date \_\_\_\_\_

***THIS CONTRACT IS DUE ON OR BEFORE MONDAY,  
MARCH 22, 2010.***



## ***Rosati-Kain High School Service Contract Class of 2011***

Name: \_\_\_\_\_ Advisory \_\_\_\_\_

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

I have chosen the following service site: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
\_\_\_\_\_

Agency Supervisor: \_\_\_\_\_

Supervisor's Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**The requirements for this service site include the following: Check all that apply.**

1. \_\_\_\_\_ **No pre-requisites for this service site.**
2. \_\_\_\_\_ **Orientation required. Dates of Orientation:** \_\_\_\_\_.
3. \_\_\_\_\_ **Medical tests required:**  
\_\_\_\_\_.

**Days and Hours of Work:** Please have the agency supervisor fill-in this schedule.

<b>Week One</b>		<b>Monday 5/17</b>	<b>Tuesday 5/18</b>	<b>Wednesday 5/19</b>	<b>Thursday 5/20</b>	<b>Friday 5/21</b>	
<b>Time In</b>							

<b>Time Out</b>							
<b>Week Two</b>		<b>Monday 5/24</b>	<b>Tuesday 5/25</b>	<b>Wednesday 5/26</b>	<b>Thursday 5/27</b>		
<b>Time In</b>					<b>Not available</b>		
<b>Time Out</b>					<b>8-11 a.m.</b>		

My work at the Agency will include:

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**The following signatures are necessary for approval of your project.**

1. I (We) approve of the project that my (our) daughter has selected. I (We) understand that she will volunteer her time at the above named agency from: May 17, 2010- May 26, 2010. She will also attend the junior service reflection activity on Thursday, May 27, 2010 from 8-11 am at Rosati-Kain.

**Parent(s)/Guardian Signature(s):**

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2. The above named Rosati-Kain Student may participate in volunteer service at our agency. We have discussed and agreed upon her job description. I agree to supervise her participation at our agency.

**Agency Supervisor's Signature:**

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3. I understand and accept the requirements and conditions established by Rosati-Kain High School and the above named agency and choose to do my Service Project accordingly.

**Student's Signature:**

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4. **Service Coordinator's Signature:**

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**ROSATI-KAIN HIGH SCHOOL**  
**SERVICE LOG SHEET**  
**MAY 17-27, 2010**

DATE OF SERVICE	LOCATION OF SERVICE	TYPE OF SERVICE	HOURS OF SERVICE	SIGNATURE OF SUPERVISOR
May 17, 2010				
May 18, 2010				
May 19, 2010				
May 20, 2010				
May 21, 2010				
May 24, 2010				
May 25, 2010				
May 26, 2010				
May 27, 2010	<b>Service reflection morning at RK 8-11 a.m.</b>			

STUDENT'S NAME: \_\_\_\_\_

SUPERVISOR CONTACT INFORMATION:

NAME: \_\_\_\_\_

PHONE \_\_\_\_\_ E:MAIL \_\_\_\_\_

TOTAL NUMBER OF HOURS OF SERVICE: \_\_\_\_\_

*Rosati-Kain High School Service Program Evaluation Form-  
Student*

2009-2010

This form is due Thursday, May 27, 2010 with journal

Student's Name: \_\_\_\_\_

Supervisor Signature:

\_\_\_\_\_

Agency: \_\_\_\_\_

Supervisor Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please rate your service experience on each of the following characteristics listed below by circling a number. Five (5) is the highest ranking. In the comment section, list any strengths or weaknesses concerning this agency for use in the future that you feel are important. This form is due with your journal on May 27, 2010.

<b>1. Your overall experience at this agency.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2. Your agency supervisor was helpful and attentive.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>3. You were given clear directions and adequate preparation for your service site.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>4. You worked with people at your agency at least 90% of the time.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>5. You would recommend this agency to future RK students</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Comments:

*Rosati-Kain High School Service Program Evaluation Form-  
Supervisor*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Supervisor Signature:  
\_\_\_\_\_

Agency: \_\_\_\_\_

Supervisor Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please rate our student on each of the following characteristics listed below by circling a number. Five (5) is the highest ranking. In the section for comments list any strengths or weaknesses of the student that you feel are important. Please complete and return to Rosati-Kain High School at the completion of the student's project. Mail it or the student can return it. (Mail to: Mrs. Karen Weber, Rosati-Kain High School, 4389 Lindell Blvd., St. Louis, MO 63108-2701. If you have any questions or concerns, please call me at 314-533-8513, ext. 218.

<b>1. Desire and willingness to take on new assignments</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>2. Willingness to work through an assignment to completion.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>3. Ability to communicate with community residents</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>4. Imaginative and resourcefulness.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>5. Cooperation and willingness to get along with others.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>6. Promptness</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>7. Appearance</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>8. Sensitivity to special condition and attitudes of those the agency serves.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>9. Willingness to go beyond the minimum time requirements.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>10. Willingness to make up missed time.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>11. Overall evaluation of performance.</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>12. Did the student [MEET / EXCEED / FALL BELOW] your expectations?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Comments (use the back of this sheet if you need more room.):

*Rosati-Kain High School Thanks You for allowing us to be a part of your program.*



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**TOTAL NUMBER HOURS (INCLUDE THE BACK IF USED):**\_\_\_\_\_

**STUDENT'S NAME:**

\_\_\_\_\_

## **Instructions for Completing your Service Journal**

**NOTE: This completed journal is due May 27, 2010 to Mrs. Weber, Service Coordinator**

### **I. Cover of folder**

Label the upper right hand corner with the following:

1. Name
2. Place of service
3. Address of service site
4. Name of Supervisor

### **II. Include in your folder the following items:**

#### **1. Agency Attendance Evaluation (Blue Form)**

- a. Give this form to your supervisor the first day of service.
- b. Ask your supervisor to complete this form and return it to you by May 27, 2010 or mail it to the address on the form.

#### **2. Student Evaluation form (Pink Form)**

#### **3. Service Hours (Gold Form)**

- a. Fill in each day of service and have your supervisor sign in the appropriate box.
- b. Total your hours of service and write this number on the form.

#### **4. Journal Log- loose-leaf paper only**

- a. On the first page of the journal, write the name and address of your agency.
- b. On this page, write a description of your agency's purpose and or mission. (Ask your agency supervisor if there is a formal purpose or mission statement for their organization)
- c. Beginning with the second page of your journal, label one page for each day of service.
- d. Record the date in the upper right hand corner of the page.
- e. Going down the left margin, record every two hours you are working, skipping a few lines between the hours.
- f. Next to each two hour time frame, record activities that you do for this time period.

### **5. Reflective Essay:**

In a five paragraph essay (paragraph is six-eight sentences) reflect and write about your service experience.

1. Describe your work.
2. What impressed you the most?
3. Describe moments that were especially memorable.
4. Discuss any aspect of the work which you found difficult or challenging.
5. Describe a moment or situation in which you experienced the presence of Go
6. What were your hopes for your service? Were these hopes met?
7. Would you recommend this service opportunity to others? Explain

# Rosati-Kain High School

*Christian Service Program*



Directory of Service Opportunities  
2009- 2010

*Christ has no body now but yours;  
no hands, no feet on the earth, but yours.  
Yours are the eyes through which He looks  
with compassion on this world.  
Christ has no body on earth but yours.  
-St. Teresa of Avila*

This booklet contains many ideas to help you complete your service requirement for Rosati-Kain High School. These are not the only places available. If you want to do your service at another site not listed, you must have approval from Mrs. Weber. You can also go other places besides St. Louis to do your service. It has to be approved by Mrs. Weber. The sky is the limit!!

**Criteria for choosing a service site:**

- Will you have direct contact with the people being served, at least 90% of the
- Will you be working with an agency that serves “disadvantaged” people in some way?
- What does this mean? Rule of Thumb: Would the agency have the financial capacity to pay you for the service you are providing as a volunteer?

**Guidelines:**

1. Call the agency where you would like to do your service and ask for the volunteer coordinator. Confirm with them that there is a need for volunteers for the time period you will be doing service. (May 17-26, 2010, 6-7 hours daily).
2. There may be a limit on the number of students working at the same site. Confirm with the volunteer coordinator how many students they will accept to supervise.
3. Set up an appointment to visit your service site and meet with the person who will be your supervisor.
4. Discuss with the supervisor the kind of service work you will be doing. Does your service involve direct contact with those being served for at least 90% of your time?
5. Set up appointments for any orientation or medical tests required.
6. If you are going to work at a school or daycare or pre-school, confirm with the supervisor that the children will be at the school, etc. for the entire two weeks you will be there for service.
7. If you are working at a Catholic agency and you are 18 years old by May, you are required to participate in the *Protecting God’s Children* program through the

Archdiocese of St. Louis. Please see Mrs. Weber if you need to complete this requirement.

**Hospitals: 4 students at any one hospital unless otherwise noted**

**Ask for the Volunteer Services coordinator or office.**

1. Barnes-Jewish- Christian Hospital- 1 Barnes-Jewish Hospital Plaza. 314-362-5324. **(two students-** all documentation by Feb.1)
2. DePaul Health Center-12303 DePaul Drive. 314-908-9081.
3. Ranken Jordan Pediatric Specialty Hospital 11365 Dorsett Rd. 314-872-6450.
4. SSM Cardinal Glennon Children's Medical Center. 1465 S. Grand. 314-577-5600.
5. St. Anthony Hospital. 10010 Kennerly Rd. 314-525-1000.
6. St. John's Mercy Medical Center. 615 S. Ballas Rd. 314-251-6000.
7. St. Louis Children's Hospital. #1 Children's Pl. 314-454-2029.
8. St. Louis University Hospital. 3635 Vista and Grand Blvd. 314-577-8030.
9. St. Luke's Hospital. 232 South Woods Mill Rd. 314-542-4768.
10. St. Mary's Health Center. 6420 Clayton Rd. 314-768-8000.
11. Missouri Baptist Medical Center. 3015 N. Ballas Rd. 314-966- 5146.
12. Children's Hospital at MOBAP. 3015 N. Ballas Rd. 314-966-5146.
13. Christian Hospital. 11133 Dunn Rd. 314-653-5032.
14. Forest Park Hospital. 6150 Oakland Ave. 314-768-3000.

**Education Facilities:**

1. De LaSalle Middle School. 4145 Kennerly Ave. 314-531-9820.
2. Good Shepherd School for Children. 1170 Timber Run Dr. 314-469-0606.
3. Loyola Academy. 3845 Washington Ave. 314-531-9091.
4. Marian Middle School. 4130 Wyoming St. 314-771-7674.
5. Missouri School for the Blind. 3813 Magnolia. 314-776-4320, ext. 135
6. St. Joseph Institute for the Deaf. 1809 Clarkson. 636-532-3211.
7. Central Institute for the Deaf. 825 S. Taylor. 314-989-7218. **2 students**
8. Special School District schools:
  - a. Ackerman School. 1550 Derhake. 314-989-7200.
  - b. Neuwoehner School. 12112 Clayton Rd. 989-8700.
  - c. Northview School. 1520 Derhake. 314-989-7200.
  - d. Southview School. 11660 Eddie & Park. 314-989-8900.
  - e. Litzsinger School. 314-989-8800. 314-989-8800.
9. Cathedral School- 4430 Maryland Ave. 314-373-8250.
10. Central Catholic/ St. Nicholas School. 1106 N. Jefferson. 314-231-6254
11. Giant Steps. 13480 S. Outer 40 Drive. 314-989-7884. Contact: Betty or Kim. Up to 8 students. (Autistic children)
12. Dewey School of International Studies. 6746 Clayton Rd. 314-378-3500.
13. St. Engelbert Catholic School/ St. Louis Catholic Academy. 4720 Carter.314-389-0401.

14. St. Francis Cabrini Academy. 3022 Oregon Ave. 314-776-0883.

### **Child care facilities**

1. Lemay Child and Family Center. 9828 S. Broadway. 314-544-3338.
2. Marygrove Child Center. 2705 Mullanphy. 314-830-6225. Mary
3. Southside Catholic Community Services Outreach. 2647 Ohio St. 314-776-6100. ?
4. Edgewood Children's Center. 330 N. Gore. 314-968-2060.
5. Guardian Angel Settlement. 1401 LaSalle Ln. 314-231-3188.
6. Childgarden. 4150 Laclede Ave. 314-531-8148.
7. St. Louis Crisis Nursery Centers. (Several locations) [crisisnurserykids.org](http://crisisnurserykids.org).
8. Grace Hill. (Headstart) 6 locations. Robin Gillespie. 314-584-6957.
9. St. Engelbert/ St. Louis Catholic Academy. 4720 Carter. 314-389-0401.
10. Carmelite Childhood Development Center. 1111 Woodlawn Ave. 314- 822-0058
11. Salvation Army Hope Child Care Center of St. Louis. 3740 Marine Ave. 314-773-0980.
12. Sunshine Mission. 1520 N. 13<sup>th</sup> St. 314-231-8209.
13. Children's Home Society of St. Louis. 9445 Litzsinger. 314-968 2350.
14. DeSales Daycare Center. 2652 Iowa. 314-771-6417.
15. Southside Day Nursery 2930 Iowa. 314-865-0322. (up to 10 students)

### **Elder care facilities**

1. Delmar Gardens South. 5300 Butler Hill Rd. 314-842-0588.
2. Delmar Gardens North- 4401 Parker Rd. 314-355-1516 ([delmargardens.com](http://delmargardens.com) for other locations)
3. Bethesda Southgate. 5943 Telegraph. 314-846-2000.
4. St. Elizabeth Adult Daycare Center. Main center-3401 Arsenal. 314-772-5107 ( [seaddc.org](http://seaddc.org) for other locations.)
5. Nazareth Living. 2 Nazareth Ln. 314-649-4681.
6. Cardinal Ritter Senior Services- 7601 Watson Rd. 314-961-8000.
7. Little Sisters of the Poor. 3225 N. Florissant Ave. 314-421-6022.
8. Tesson Heights Retirement. 12335 W. Bend Dr. 314-849-1366
9. Mother of Good Counsel Home. 6825 Natural Bridge. 314-383-4765.
10. Dolan Residential Care. Alzheimer/ Dementia Residential Care Centers.314-576-1430
11. Alexian Brothers Lansdowne Village.4624 Lansdowne.314-880-4715.
12. Bethesda- Dilworth Memorial Home. 9645 Big Bend. 314-968-5460.
13. Metropolitan St. Louis Psychiatric Center. (Malcolm Bliss Mental Health Center. 5351 Delmar Blvd. 314-877-0500.

**Misc. places-**

1. Lydia's House- 314-771-4411 ext. 103. ([www.lydiashouse.org](http://www.lydiashouse.org)).
2. Cabat House/ Karen House. 314-588-8351. Carolyn Griffeth. (Mr. McNamee's wife) **2 or 3 students only.**
3. Our Lady's Inn. 4223 S. Compton. 314-351-4590
4. Habitat for Humanity. (please see Mrs. Weber)
5. Queen of Peace Center/ Peace for Kids. 325 Newstead Ave. 314-531-0511.
6. Doorways. 4385 Newstead. 314-535-0888.
7. Gateway Homeless Services. 1000 N. 19<sup>th</sup> St. 314-231-1515.
8. Epworth Children and Family Services. 110 N. Elm. 314-981-3330.
9. Family Resource Center. 3309 S. Kingshighway. 314-534-9350.
10. Emmaus House.- 2200 Randolph St. St. Charles. 636-946-6144.
11. Our Little Haven. 4326 Lindell. 314-533-2229.
12. Judevine Center for Autistic Children. 9455 Rott Rd. 314-432-6200
13. Truman Restorative Center. 5700 Arsenal St. 314-768-6600.