

Record of Christian Service

Student Name: _____

Date of Service: _____ Time in: _____ Time out: _____

Name of Agency: _____

Phone Number of Agency: _____

Brief description of service rendered:

What effect did this experience have upon you?

The above student has satisfactorily completed _____ hours of service at the above named agency.

(Name of supervisor, please print.)

(Supervisor's signature)

(Date)

(Parent/ Guardian Signature)

(Approval of Campus Minister)

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