

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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