

Record of Christian Service 2007-2008

Student Name: _____ Grade: _____

Date of Service: _____

Name of Agency: _____

Phone Number of Agency: _____

Brief Description of Service Rendered: _____

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

(Name of Supervisor, please print)

(Supervisor's Signature)

(Date)

(Parent / Guardian Signature)

(Date)

(Campus Ministry Approval)

(Date)

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