

Record of Christian Service

Student Name: _____ Grade: _____
Campus Ministry Approval: _____
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)

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