

SENIOR Apostolic Ministry Project Verification Card

Student's Name _____

Agency/Church/Organization with which you volunteered: _____

Description of Service: _____

Date(s) and time(s) project completed: _____

Volunteer Coordinator/Supervisor's Name (please print): _____

Phone Number: _____ Signature: _____

Email: _____

Requirement-TWENTY-FIVE hours of service

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