

JUNIOR 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 hours of service

JUNIOR 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 hours of service