

**SOPHOMORE 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-FIFTEEN hours of service

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