

**DEPARTMENT OF CAMPUS MINISTRY  
CHRISTIAN SERVICE FORM**

Please Print Clearly

**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Year: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**Service Organization Information**

Service Organization Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Number to Best Contact Supervisor: \_\_\_\_\_

E-Mail to Best Contact Supervisor: \_\_\_\_\_

**Do these hours count towards the six (6) hour direct service requirement?**

YES     NO

**For Supervisor Use Only:**

Please comment on the student's dependability, responsibility, attitude or affirm/correct other qualities or virtues.

\_\_\_\_\_  
\_\_\_\_\_

Date	Time In	Time Out	Hours

Total Hours Submitted:

\_\_\_\_\_  
Site Supervisor's Signature      Date

\_\_\_\_\_  
Student Signature      Date

Community service activities are not school activities and SJPII does not mandate or direct any specific location or locations in the community where these services are to be performed. Students are free to select the location where they wish to perform community service so long as the location and the activity meet the requirements of the school. SJPII does not operate or control the locations where students choose to perform community service and consequently the school, its agents, and affiliates do not assume responsibility for any injuries, damages, or losses incurred in the course of performing these services in the community. Students perform these services at their own risk.