



**DEPARTMENT OF CAMPUS MINISTRY
CHRISTIAN SERVICE FORM**

Please Print Clearly

Student Information

Last Name: _____ First Name: _____
Grade: _____ 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. As well as a description on what the student did to earn these hours

Date	Time In	Time Out	Hours

Total Hours Submitted:

Site Supervisor's Signature Date

Student Signature Date