RECORD OF CHRISTIAN SERVICE WORK

Student Name:			
Agency Name:			
Supervisors N	ame:		
Agency Addre	ess:		
Supervisor Ph	one Number:		
Brief description of w	ork done		
This box must be fille SIGN.	ed out in <u>PEN.</u> SUPERVI	SOR PLEASE PRINT	NAME AND THEN
DATE	TOTAL HOURS	SUPERVISOR'S PRINTED NAME	SUPERVISOR'S SIGNATURE
SUPERVISOR'S CO	OMMENTS	•	

- If you plan on attending more than one service organization you will need a sheet for each organization.
- Acceptable places includes: churches, service clubs, schools, helping with community athletics, senior's residence, charity events, non-profit daycares, The Food Bank, etc.
- Volunteer service cannot be done for a private business nor can it be done for a club, sport's team, etc. for which work is a compulsory part of membership.