



CHRISTIAN COMMUNITY SERVICE

To serve as Christ asks us to serve (Matthew 25)

Student Name	Year of Graduation
Name of Agency/Event/Activity	Service Type <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Community
Date(s) of Service	Hours Completed
Describe your service <u>In Detail</u>	
Supervisor's Name	Supervisor's Phone
Supervisor's Signature	
If a Supervisor is not available to sign your form, have the following statement signed, their title and their phone number. Please make sure you have your supervisor's name and phone listed for verification.	
Parent/Witness Print Name	Title
Parent/witness Signature	Parent/witness Phone