

OFFICE USE ONLY				
Approved:				
Signature:				
Date:				

## **Christian Service Hours Verification Form**

**Student Portion:** (To be filled out by the student completing the service hours.)

Last Name	First Name	Grade	School Year
Name of Event:			
Date(s) of Event:			
	ed:		
	ent:		
What I found rewardin	g about this experience:		
a	<i>-</i>		
Supervisor Porti	<b>on:</b> (To be filled out by the m	nonitoring supervisor.)	
The student successful	ly completed the volunteer sea	rvice as stated above.	
Logt Name	First Name	Dhono Numbon	
Last Name	First Name	Phone Number	
Supervisor's Signature	·		Date:
Agency:			
Email Address:			

## **General Information:**

Christian Service Hours are accepted from churches or non-profit community organizations **ONLY**.

Activities for which a student *will not* receive approval include, but are not limited to:

- Services performed for monetary reward
- Services performed for a family member
- Court or school appointed service hours
- Political campaigning
- Activities which are primarily social rather than service oriented.

Hours served June-May must be turned in by September 1st to receive credit.

All Seniors must have their service hours turned in prior to May 15th to receive credit.