

Christian Service Time Sheet

Student name _____

Current Grade _____

Date	Number of Hours	Name of Organization or Person(s) helped	Relationship to person(s) organization	Description of Project (What did you do)	Supervisor's Name (printed), Signature, and Phone Number	Comments/Evaluation by Supervisor

TOTAL NUMBER OF HOURS: _____

Grade 6, 7, 8, 9 and 10 (1st Semester) : Service for person(s), an organization can qualify for service hours. It can be helping the elderly, little children, beautifying the environment, etc.

Grade 10 2nd Semester, 11 and 12: Service **MUST** be from the Service Opportunities List (on website, planner, and bulletin board).