



## CHRISTIAN SERVICE PROGRAM

STUDENT NAME \_\_\_\_\_

SERVICE SITE NAME \_\_\_\_\_

SERVICE SITE ADDRESS \_\_\_\_\_

SERVICE SITE TELEPHONE \_\_\_\_\_

DATE(S) OF SERVICE

One Day Service \_\_\_\_\_  
*(month/day/year)*

Multiple Day Service \_\_\_\_\_  
*(month/day/year)*

TOTAL HOURS COMPLETE \_\_\_\_\_

SUPERVISOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_