



Christian Service Form

Becoming The Hands Of Christ

Student Name: _____

Grade Level: _____

Date(s) of Service: _____

Name of Service Site: _____

Address of Service Site: _____

City, State Zip _____

Name of Supervisor(s): _____

Supervisor Contact Number: _____

Supervisor Contact Email: _____

Description of Service: _____

Number of Service Hours: _____

Please briefly describe your experience during this community service activity: _____

Supervisor Signature

Date