

Service Ministry Completion Form

Name: _____ Grade: _____ Date: _____

Service ministry: _____ Hours: _____

What I did: _____

How this helped my church or community: _____

What I learned from this experience: _____

Adult Supervisor Signature _____ Parent/Caring adult Signature: _____

Comments/concerns _____

Office Use Only - Recorded: _____

Blue rev. 08-7-07

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