



Student Ministry Hours Form

Student Name:

Student Grade:

Task/Service:

Dates of service:

Time Started:

Time Ended:

Total Hours:

What spiritual gifts
did you exercise?

Describe how your
spiritual gift was used:

How did you
represent Christ?

What do you hope will
be the impact of your
service for the body of
Christ?

Supervisor Information

Please ask the student to complete this form before you sign it.

Name:

Phone #:

Email:

Signature: _____