

STUDENT MINISTRY HOURS FORM

Date: _____ Task/Service: _____

Time Started: _____ Time Ended: _____ Total Hours _____

Description of task/service: _____

Supervisor's Phone Number: _____ Email: _____

Supervisor's Signature: _____

***NOTE TO SUPERVISOR:** Please ask the student to complete this form completely prior to applying your signature.*

Student's Signature: _____ Phone: _____

No ministry hours will be accepted that do not meet the program requirements or teacher approval.

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