



High School Student Ministry Hours Form

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

Student Name: _____ Grade & Section: _____

Date of Service: _____

Task or Type of Service: _____

Time Started: _____ Time Ended: _____ Total Hours: _____

Supervisor's Name (Please Print): _____

Supervisor's Phone Number: _____

Supervisor's Email: _____

Supervisor's Signature: _____

Note to Supervisor: Please ask the students to complete this form completely prior to signing.