

Mount Calvary Christian School
Service Project Form

Return this form to your Bible teacher when completed.

NAME _____

Class: 9th _____ 10th _____ 11th _____ 12th _____

Date service project began _____ Date completed _____

Type of service _____

Hours given in service _____

Category: service _____ mercy _____ evangelism _____

Student comment on ministry:

By my signature I affirm the above student performed the service listed for the number of hours recorded here.

Supervisor signature: _____



Hours approved by _____

Recorded by _____

Date _____