

**Mount Calvary Christian School
Service Project Form**

(Please return this form to your homeroom teacher when completed.)

Name: _____

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

Date Service Project Began: _____ Date Completed: _____

Type of Service: _____

Number of Hours Given in Service: _____

Category: Service _____ Mercy _____ Evangelism _____

Student Comments on Ministry:

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

Supervisor Signature: _____

Printed Name: _____

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Hours approved by _____

Recorded by _____

Date _____