



CHRISTIAN MINISTRY LOG FORM

ALL the information requested below must be provided, including the signatures. YOU are the Christian Minister. A copy of the agency service record may be attached to this form in lieu of filling out the date and times. If you choose this option, be sure the supervisor's name, phone number and signature are on the attached form and/or this log. **Hours must be turned in within six weeks of completion for credit to be received.**

NOTE: All Christian Ministry must be performed at a not-for-profit agency. Please see or call the Director of Christian Ministry if you have any questions.

*Transportation time to and from ministry sites should not be included.

Date	Time	Number of Hours	Supervisor's Initials	Date	Time	Number of Hours	Supervisor's Initials

Total Hours _____

Name of Christian Minister _____ Date Submitted _____

Graduation Year _____ Homeroom _____ Religion Teacher _____

Agency or Organization _____

Describe the ministry opportunity _____

How did your work help other people? _____

The above is an accurate account of my Christian Ministry Hours.

Signature of Christian Minister

Signature of Supervisor

Name of Supervisor/Coordinator (*Please print*) _____

Title _____ Daytime Phone Number _____

Comments of Supervisor/Coordinator: _____