



Christian Ministry Hours Log

Please fill out ALL the information requested and sign below. 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.

NOTE: All Christian Ministry must be performed at a not-for-profit agency. Please see or call the Christian Ministry coordinator 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 _____

Class of _____ 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: _____
