CHRISTIAN MINISTRY LOG FORM

All information requested below must be provided, including signatures. 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. Use one form per ministry site. ***Hours must be turned in within 30 calendar days of completion for credit to be received.***

Note: All Christian Ministry must be performed at an approved site. Please see the Christian Ministry Coordinator if you have any questions.

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

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

Total Hours_____

Name of Christian Minister _____ Date Submitted _____

Graduation Year _____ Religion Teacher _____

Name of Ministry Site_____

Describe the ministry experience_____

_____

_____

How did your ministry help others? _____

_____

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

_____ _____

Signature of Christian Minister Signature of Site Supervisor

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

Title_____ Daytime Phone Number _____

Comments of Site Supervisor/Coordinator: _____

_____

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