MARTIN LUTHER HIGH SCHOOL Christian Service Verification Form



PART I: TO BE COMPLETED BY STUDENT					
Student Name	Per	riod	Grade		
Theology Teacher					
Did you work in direct contact with the people	you were serving? Yes	s No			
Who benefitted from your service? (Check all that apply)					
Children	Developmentally	Disabled			
Economically Disadvantaged	Environmental Ste	ewardship			
Elderly	Other:				
Summarize the tasks you completed during you	ur service experience:				
•					
•					
!tif. that I have performed tot	al hours of complex at				
I certify that I have performed total	al hours of service at				
Student Signature		Date			
PART II: TO BE COMPLETED BY P	ARENT OR GUARDIAN	ı			
I hereby verify that my son/daughter complete	hours of Christian San	ico at			
Thereby verify that my son/daughter complete	d 110urs or Christian Serv	лсе ат			
Parent/Guardian Signature		 Date			
ratenty duardian signature		Date			
PART III: TO BE COMPLETED BY A To be completed by the supervisor of service a Please do not sign this form unless the student	at the conclusion of the studen		satisfactory manner.		
To be completed by the supervisor of service and Please do not sign this form unless the student	at the conclusion of the studen has completed all of the docum	nented hours in a	ı satisfactory manner.		
To be completed by the supervisor of service	at the conclusion of the studen has completed all of the docum	nented hours in a	ı satisfactory manner.		
To be completed by the supervisor of service and Please do not sign this form unless the student	at the conclusion of the studen has completed all of the docum	nented hours in a	ı satisfactory manner.		
To be completed by the supervisor of service and Please do not sign this form unless the student	at the conclusion of the studen has completed all of the docum	nented hours in a	satisfactory manner. Date		
To be completed by the supervisor of service and Please do not sign this form unless the student. I hereby verify that this student has completed.	at the conclusion of the studen has completed all of the document of the document of Christian	nented hours in a			
To be completed by the supervisor of service and Please do not sign this form unless the student. I hereby verify that this student has completed.	at the conclusion of the studen has completed all of the document of the document of Christian	nented hours in a			
To be completed by the supervisor of service and Please do not sign this form unless the student. I hereby verify that this student has completed. Printed Name of Supervisor.	at the conclusion of the studen has completed all of the document hours of Christian hours of Signature of Supervisor	nented hours in a	Date		
To be completed by the supervisor of service and Please do not sign this form unless the student. I hereby verify that this student has completed. Printed Name of Supervisor. Title of Supervisor. To make a confidential comment about this student.	at the conclusion of the studen has completed all of the documed hours of Christian hours of Christian Signature of Supervisor E-mail	nented hours in d	Date Phone riate teacher.		

PART IV: RECORD OF HOURS

Supervisor must initial each date of service **OR** provide a letter of verification on official agency stationary to be stapled to this form.

Date of Service	Time In	Time Out	Daily Total Hours	Supervisor Initials