

MARTIN LUTHER HIGH SCHOOL
Christian Service Verification Form



PART I: TO BE COMPLETED BY STUDENT

Student Name _____ Period _____ Grade _____

Theology Teacher _____ Agency/Organization _____

Did you work in direct contact with the people you were serving? Yes No

Who benefitted from your service? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Developmentally Disabled |
| <input type="checkbox"/> Economically Disadvantaged | <input type="checkbox"/> Environmental Stewardship |
| <input type="checkbox"/> Elderly | <input type="checkbox"/> Other: _____ |

Summarize the tasks you completed during your service experience:

- _____
- _____
- _____

I certify that I have performed _____ total hours of service at _____

Student Signature

Date

PART II: TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby verify that my son/daughter completed _____ hours of Christian Service at _____

Parent/Guardian Signature

Date

PART III: TO BE COMPLETED BY AGENCY SUPERVISOR

To be completed by the supervisor of service at the conclusion of the student's service.

Please do not sign this form unless the student has completed all of the documented hours in a satisfactory manner.

I hereby verify that this student has completed _____ hours of Christian Service.

Printed Name of Supervisor

Signature of Supervisor

Date

Title of Supervisor

E-mail

Phone

To make a confidential comment about this student's performance, please contact the appropriate teacher.

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