



BAPTIST CHRISTIAN HIGH SCHOOL CHRISTIAN SERVICE REPORT FORM

Student Name _____ Date _____

Current School Year _____ Student's Current Grade Level _____

Name of Church _____ Phone _____

Address _____

Description of Service:

1. Type of Service: _____

Dates of Service: From _____ to _____ Total hours of service: _____

Frequency of service: (circle) One-time Weekly Monthly Other (describe) _____

Adult Supervisor Signature _____ Date _____

2. Type of Service: _____

Dates of Service: From _____ to _____ Total hours of service: _____

Frequency of service: (circle) One-time Weekly Monthly Other (describe) _____

Adult Supervisor Signature _____ Date _____

3. Type of Service: _____

Dates of Service: From _____ to _____ Total hours of service: _____

Frequency of service: (circle) One-time Weekly Monthly Other (describe) _____

Adult Supervisor Signature _____ Date _____

Total Hours of Service for this report _____

Certification:

Pastor/Youth Pastor Signature _____ Date _____

Service hours must be signed off **after they are performed.*