

STUDENT MINISTRY HOURS FORM

No ministry hours will be accepted that do not meet the program requirements or teacher approval.

Student Name: _____

Date: _____ Task/Service: _____

Time Started: _____ Time Ended: _____ Total Hours: _____

- What spiritual gift(s) did you exercise?
- Describe how the spiritual gift(s) was used.
- Describe how you were an ambassador for Christ.
- What do you hope will be the impact of your service for the body of Christ?

Supervisor's Phone Number: _____ Email: _____

Supervisor's Name (Please Print): _____

Supervisor's Signature: _____

NOTE TO SUPERVISOR: Please ask the student to complete this form completely prior to signing.

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