

**STUDENT MINISTRY HOURS FORM**

Date: \_\_\_\_\_ Task/Service: \_\_\_\_\_

Time Started: \_\_\_\_\_ Time Ended: \_\_\_\_\_ Total Hours \_\_\_\_\_

Description of task/service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

***NOTE TO SUPERVISOR:** Please ask the student to complete this form completely prior to applying your signature.*

Student's Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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