

The Prout School
Christian Service Hours
School Year _____

Name: _____ Grade: _____

Total Number of Hours: _____

By signing this, I am affirming that everything on these charts is an honest reflection of the work I did.

Student Signature: _____

Parent Signature: _____

For each place you serve, please fill out a chart below:

Where did you serve?	
What did you do?	
What did you learn from this experience?	
Dates served:	# of hours served:
Supervisor's Signature:	Supervisor's phone number:

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