

Extracurricular Christian Service Hours
St. John's College High School

Name: _____ Graduation: _____ Date: _____

Homeroom: _____ Religion Teacher: _____

- ❖ Please use one form per service organization/opportunity for extracurricular service hours (beyond or outside your service requirement) during the current academic year
- ❖ Once completed, please hand in to Ms. Stott in the Office of Mission & Ministry. She will report the hours to the appropriate person so that they appear on your transcript.

Name of Organization: _____

Name & Title of Supervisor: _____

Email & Phone Number of Supervisor: _____

Description of Service Performed: _____

Date(s) of Service	# of Hours	Supervisor's Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total	_____	_____

I, _____, have completed the stated hours at the stated agency printed above, in coordination with my supervisor. I give my full permission for the Director of Christian Service to contact the agency to confirm my relationship with this organization.

_____ (Student's Signature & Date)

_____ (Parent's Signature & Date)

_____ (Supervisor's Signature & Date)