

SERVICEhours 2018-2019

Your name: _____ Grade: _____ Date: _____

Type of Service: _____ Hours spent serving: _____

What did you do while you were serving? (explain in three to 5 sentences)

Whom did you serve? _____

What did you like about this serving opportunity? _____

What did you not enjoy as much? _____

What is one thing God taught you through this experience... _____

Organizer or parent signature

Serving of any kind counts toward your service requirement as long as....

1. You do something for someone that helps them out and you are not paid for it, and
2. the person you help is not someone in your family

Please give this form to Brandon, drop off at
Church or School office or scan and email.

YOUTH MINISTRIES



BUILDING FAITH IN YOUTH
CHRISTLAMESA.ORG