

COMMUNITY MINISTRY DOCUMENTATION

(Photocopy as Needed)

I. Student Information

Name: _____ Grade: _____
(One student per sheet!)

II. Project or Organization information

Name of Organization (if applicable): _____

Address: _____

Phone #: _____

Date(s) of service: _____

Briefly describe how the service or work done *ministered to needy people in Jesus name*:

Total Hours Worked: _____

(Please record only actual hours of service, not time spent traveling to ministry sites.)

III. Authorizing Signatures

Trinity Christian Academy Authority

Organizational Authority

***Organizations and individual acts of service not listed in this handbook must be approved by the high school principal before service is completed.**