



CHRISTIAN SERVICE REGISTRATION FORM

Student Name: _____ Semester: _____

Grade: _____

Activity Description:

- 1.
- 2.
- 3.
- 4.

Name of Supervisor: _____

Address: _____

Phone No.: _____

Student Signature

Student Affairs Counselor Signature



Important Note: Form must be turned in by **second Friday of December** for First Semester and **second Friday of May** for Second Semester.

Date of Submission: _____

Part One: Student's Log Sheet and Personal Reflection

Student Name: _____ Grade: _____

Service Description: _____

Responsibilities: _____

Dates and Hours of Service: _____

Total Hours Completed: _____

Personal Reflection: Write a brief summary about your experience and how you feel it has affected your personality.

Part Two: Supervisor's Evaluation and Final Grade

Write a brief summary about the experience you had with the student performing Christian service with you.

Please check one:

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Satisfactory (Student displayed exceptional service; attitude of graciousness; punctual and friendly)

Unsatisfactory (Student displayed unsatisfactory service, not punctual; poor attitude while doing service)

Name of Supervisor (Print) _____ Signature _____ Date: _____

Student Signature _____ Date: _____

Parents Signature _____ Date: _____