



CAMPUS MINISTRY SERVICE HOURS VERIFICATION FORM

(Students complete all of this section)

Student Name: _____ Grade: _____

Name & Complete Address of Organization where service was performed: (please print)

Hours Completed: _____ Type of work performed: _____

Briefly describe how this experience provided service to the community?

This meets the requirement for: (please circle) **Children – Poor – Elderly – Ecology – Other**

If “other” please explain: _____

(Supervisor completes the following section)

Please indicate what you feel were the strong points of this student:

Caring _____ Punctual _____ Polite _____ Patient _____ Cooperative _____ Reliable _____

Additional comments: _____

Supervisor’s Name _____ Signature _____

Supervisor’s Telephone _____ Date _____

Student’s Signature _____ Date _____