



Christian Academy of Louisville

COMMUNITY SERVICE HOURS

NAME (Please print): _____

SIGNATURE: _____

DATE: _____

CLASS OF: _____

WHAT WAS THE PROJECT AND WHAT DID YOU DO?

FOR WHOM?

INDICATE ORGANIZATION, ADDRESS AND SUPERVISOR

SUPERVISOR SIGNATURE: _____

PHONE: _____

LOG THE DATES, TIME AND HOURS WORKED (IF MISSION TRIP DO NOT INCLUDE TRAVEL DAYS)

DATE	TIME	HOURS	TOTAL HOURS
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OFFICE USE ONLY:

APPROVED DENIED

REASON _____

TOTAL COMMUNITY HOURS _____ TOTAL CHURCH HOURS _____

COUNSELOR SIGNATURE _____

DATE: _____