



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, MAXIMUM 8 HRS/DAY AND DO NOT INCLUDE TRAVEL DAYS)

DATE	TIME	HOURS	TOTAL HOURS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OFFICE USE ONLY:

☐ APPROVED

☐ DENIED

REASON _____

TOTAL COMMUNITY HOURS _____ TOTAL CHURCH HOURS _____

COUNSELOR SIGNATURE _____ DATE: _____