

Record of Sophomore Service Hours

Student's Name: _____

Sophomore Theology Teacher's Name: _____

Date of Service: _____

Location of Service: _____

Number of Hours: _____

Description of Service Performed (although this description should be concise, please include pertinent details of your service):

Name of Supervisor (please print): _____

Supervisor's Telephone or E-mail Contact Info: _____

Supervisor's Signature: _____

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