



PORTLAND CHRISTIAN SCHOOL

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 _____