JOURNEY
CHRISTIAN SCHOOL

Student Name _____ **Grade** _____

COMMUNITY SERVICE VERIFICATION LOG

Date of Service	**Supervisor's Information** (Print Name, Title, Phone Number, Email)	**Service Hours**	**Location of Service**	**Description of Service**	**Supervisor's Signature**
Total Hours: _____					

Verified by:

_____ _____

Parent Signature/Date **Principal Signature/Date**