

**DeMotte Christian High School
Service Hours Activities Record Form**

Student Information:

Name: _____ Grade: _____

Supervisor/Place of Service Information:

Name/Place of Service: _____

Address: _____

Service Activity Information:

Service Activity (brief description of activity): _____

Dates/Times of Service: _____ Total Hours: _____

Parent or Supervisor Signature:

Date: _____

Student Signature: _____ Date: _____