



CHRISTIAN SERVICE
HOURS FORM

Name _____
Year of Graduaion _____
Date Service Began _____
Date Service Ended _____
Total Number of Hours _____

Thank you for assisting the above named student with his/her project. We ask you to complete the form below or write a letter of recommendation or use your agency evaluation form. Please commend the student in the areas in which he/she demonstrated the skills and qualities which benefitted those whom he/she served. Thank you for allowing this student to serve others through your agency/project.

Describe the responsibilities the young adult had while serving others.

How well did the young adult fulfill these responsibilities?

Do you have questions about the Christian Service Project or suggestions to improve the program?

May your comments be used for publicity or for student letters of recommendation? yes no

Supervisor 's Name (printed) Signature

Agency/Group/Church Title of Supervisor

Address City/Zip Phone

*This completed form may be returned to the student or mailed directly to the
Campus Ministry Office, Marin Catholic, 675 Sir Francis Drake Boulevard, Kentfield, CA 94904.
Questions? Call 415-464-3850 or fax 415-461-7161.*