

# Christian Service Verification Form



St. Paul Lutheran School  
West Point, Nebraska

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Brief Description of Service Performed:

---

---

---

---

---

---

---

---

---

---

Total Hours Served: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date \_\_\_\_\_