



Mission Service Report Form

TO BE COMPLETED BY THE STUDENT:

Student Name: _____ Grade: _____

Total Hours of Service: _____

Date(s) and Times Worked: _____

Name of Organization: _____

Nature of Work: _____

I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high standards of integrity of Grace Christian School.

Student Signature: _____ Date: _____

TO BE COMPLETED BY THE ADULT SUPERVISOR:

Adult Supervisor's Name: _____

Daytime Phone: _____ Evening Phone (optional): _____

Position with Agency/Organization: _____

Actual Number of Hours Worked: _____ Verify with Initials: _____

Evaluation of the Student's Work (or comments): _____

I certify that the information on this form is, to the best of my knowledge, truthfully reported and in keeping with the high level of integrity of my organization.

Supervisor's Signature: _____ Date: _____

Note: Please fill out this form only at the completion of the student's work for your agency/organization. You may return the completed form to the student or you may mail it directly to: