

# Community Christian School

## Mission Service Report Form

### **TO BE COMPLETED BY THE STUDENT:**

Student Name: \_\_\_\_\_ Student's Grade level: \_\_\_\_\_  
Total Hours of Actual Service Given: \_\_\_\_\_  
Date(s) and Actual 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 the Community Christian School Mission.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **TO BE COMPLETED BY THE ADULT SUPERVISOR/PROJECT CONTACT:**

Adult Supervisor's name: \_\_\_\_\_  
Daytime Phone number: \_\_\_\_\_ Home 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/project. You may return the completed form to the student to turn into my office or you may mail it directly to:

Mission Service Director  
Community Christian School  
20035 Quesada Avenue  
Port Charlotte, Florida.33952

If you have any questions, please phone (941) 625-8977.