

2016/2017

# Christian Service Report

## BADIN HIGH SCHOOL

571 New London Road, Hamilton, Ohio 45013

Phone: 513-863-3993 Fax: 513-785-2844



Name of student \_\_\_\_\_ Current Grade \_\_\_\_\_

Name of Student's Religion Teacher \_\_\_\_\_ Class Period \_\_\_\_\_

+++

Evaluator, please fill in the following sections of this form in colored ink:

Name and Address of Organization \_\_\_\_\_

Name and Title of Evaluator (please print) \_\_\_\_\_

Brief Description of Service Performed (to be completed by evaluator) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Service Hours Completed by Student \_\_\_\_\_

Starting Date of Service \_\_\_\_\_ Completion Date \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

Evaluator Contact Info: Phone \_\_\_\_\_ Email \_\_\_\_\_

+++

Thank you for providing this experience of service to this student. Your work and generosity are very much appreciated!

Gratefully, The Badin High School Office of Campus Ministry

+++

All forms can be hand delivered to the bin in Mrs. Halverson's office, to the box outside the Campus Ministry Office, or given to the Religion Teacher.

If this form has to be mailed, the student should provide a self-addressed, stamped envelope.

Marked ATTN: Christian Service Program

+++

# 2<sup>nd</sup> Semester 2016/2017