

2017/2018

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!

+++

All forms can be hand delivered to the bin in Mrs. Halverson's 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

Contact Mrs. Megan Halverson at mhalverson@BadinHS.org with any questions.

+++

Summer and 1st Semester 2017/2018

Must be turned in by the end of the 1st semester, December 21, 2017