



**Christian Academy of Indiana  
COMMUNITY SERVICE HOURS**

NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

GRADUATING CLASS: \_\_\_\_\_

**WHAT WAS THE PROJECT AND WHAT DID YOU DO?**  
(Use back of sheet if needed)

---

---

---

---

---

---

**ORGANIZATION, ADDRESS AND SUPERVISOR OF THE PROJECT/SERVICE**

---

---

SUPERVISOR SIGNATURE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**DATES, TIME AND NUMBER OF HOURS WORKED**  
(If mission trip, do not include travel days)

DATE	TIME	HOURS	TOTAL HOURS

OFFICE USE ONLY

APPROVED       DENIED

REASON \_\_\_\_\_

TOTAL COMMUNITY HOURS \_\_\_\_\_ TOTAL CHURCH HOURS \_\_\_\_\_

COUNSELOR SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_