Christian Service

Name_____ **ID#**_____ **Total Hours: _____**
(minimum 10 hrs)

Spring Fall (circle) 20_____

Class: _____Professor:_____ (if applicable)

1. Were you compensated for this? Yes/no (circle)
2. Summarize your experience. How did it fulfill the intent of the class syllabus? What did you learn about Christian service?

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Student Signature_____Date_____

Professor Signature _____Date_____

DUE DATES: Return to **Box 754** (Sack School of Bible and Ministry) **before** you leave for Christmas or Summer break.