

Discovery Christian School

Community Service Hours

Student Name: _____

Date of Service: _____

Number of hours served: _____ Type of service: _____

Location of service done: _____

Contact Person: _____

Contact Person's Phone Number: _____

Please ask the contact person to sign below agreeing that you have served these hours in a manner that glorified God and was a good representation of the standards of Discovery Christian School.

Contact Person's Signature: _____

Student's Signature: _____

"In the same way, let your light shine before men, that they may see your good deeds and praise your Father in Heaven." Matthew 5:16