

ST. LUKE'S SCHOOL  
Christian Service Hours Record

Student Name \_\_\_\_\_

Organization \_\_\_\_\_

Describe what you did  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of service \_\_\_\_\_ Number of hours \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person/Supervisor's Signature \_\_\_\_\_

Type of service     Community     School     Church     Other

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