



**Calvary Christian School**  
7556 Old Moon Road, Columbus, Georgia 31909  
Phone: (706) 323-0467

## CHRISTIAN SERVICE FORM

6<sup>th</sup> Grade Requirement: **2** hours per semester

7<sup>th</sup> Grade Requirement: **3** hours per semester

8<sup>th</sup> Grade Requirement: **4** hours per semester

9<sup>th</sup> Grade Requirement: **5** hours per semester

10<sup>th</sup> Grade Requirement: **8** hours per semester

11<sup>th</sup> Grade Requirement: **10** hours per semester

12<sup>th</sup> Grade Requirement: **10** hours per semester

*Once completed, please return to your Bible teacher. All forms must be turned in by the 1<sup>st</sup> Monday of December (1<sup>st</sup> semester) and the 1<sup>st</sup> Monday of May (2<sup>nd</sup> semester).*

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade: \_\_\_\_\_ Bible Teacher: \_\_\_\_\_

### **DESCRIBE:**

1. Type of work done: \_\_\_\_\_  
\_\_\_\_\_

2. For whom? \_\_\_\_\_

3. On what date(s) did you work? \_\_\_\_\_

4. Were you compensated in any way? Yes \_\_\_\_\_ No \_\_\_\_\_

5. How was this work rewarding to you? \_\_\_\_\_  
\_\_\_\_\_

6. Would you recommend this type of service to others? Yes \_\_\_\_\_ No \_\_\_\_\_

Why or why not? \_\_\_\_\_

### **VERIFICATION:**

1. Person who organized, supervised, or benefited from your work. \_\_\_\_\_

Phone number where this person can be reached. \_\_\_\_\_

Parent/Guardian or Supervisor: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**TOTAL HOURS WORKED:** \_\_\_\_\_