HOSANNA

SERVICE HOURS FORM

Student Name_____ Grade _____ Date _____

Location of Service: _____Hours Spent Serving: _____

1. What did you do while serving

2. Whom did you serve?

3. What did you like about this serving opportunity?

4. What did you not enjoy as much?

5. Tell us one thing you learned/God taught you through this experience…

_____

Signature of organizer or parent

Serving of any kind counts towards your service requirement as long as…

1. *You do something for someone that helps them out and you are not paid for it, and*
2. *The person you help is not someone in your family*