## Service Attendance - Time Sheet 2023-2024

Class	of		

DEADLINE FOR SEMESTER DEADLINE FOR SEMESTER		, ·	<del></del>
Student Name (First and	Last):		
Nonprofit Agency/ Place	of Service:		
Address of Nonprofit Age	ency:		
Nonprofit Agency Phone	Number:		
Nonprofit Agency Email:			
Nonprofit Agency Contac	t Person:		
Description of Service (W	hat did you do?	):	
Population Served (Circle	all that apply):	poor sick homeless refu	gees elderly children
		prisoners disabled environ	ment other:
Guardian Name AND Sig	ınature:		
Date of Service	# of Hours	Supervisor's Signature	Supervisor's Comments
Total # of hours:		<u> </u>	
Reflection: <b>How did your</b>	service make o	difference? What did doing this	service mean to you?
		7.7	4



Campus Ministry Staff	Signature:	Date:	
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