



Little Rock Christian Community Service

Student Name: _____

Service Location: _____

Supervisor's Name (print): _____

Supervisors' Phone Number: _____

In the box below, *briefly* describe the service you provided (such as what you did, who benefited from your service, and others you worked with or supervised).

Date(s) Served: _____

Total Hours: _____

Supervisor's Signature: _____