

## Emanuel Missionary Baptist Church Service Hours

Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ *(Please write clearly)*

Date	What Type of Work Did You Do?	# Hours Worked	Name of Ministry	Name, Signature & Phone Number of Adult Who Supervised Your Volunteer Service	
				Printed Name AND Signature	Phone Number

**TOTAL HOURS** \_\_\_\_\_

Dept. Head Signature \_\_\_\_\_

DATE \_\_\_\_\_

**You'll need to obtain a signature every time you perform service hours. Make a copy of this form for your records and turn in the original signed version to the Education Board Every Quarter. Make additional copies as needed.**