



## COMMUNITY SERVICE HOURS

Lizella Baptist  
PO Box 979 2950 S. Lizella Rd. Lizella, GA 31052  
(478) 935.8632

This portion must be completed by the student.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Location of service: \_\_\_\_\_

Department: \_\_\_\_\_

Description of duties: \_\_\_\_\_

\_\_\_\_\_

Work log may be used for more than one service at the same location. Count actual working time only - not breaks, meals, travel.

Date	Begin-End Times	Total Credit Hours

This portion must be completed by the supervisor.

Supervisor: (print pls) \_\_\_\_\_

Department/Title: \_\_\_\_\_

Contact Info: \_\_\_\_\_

I understand that I may be contacted with questions. I verify the student named above worked the hours shown above in service to our church and community.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I verify I have fully served the hours listed on this form.

Student Signature: \_\_\_\_\_